



ORDER FORM

Business Name:
User Name:
Address:
Phone: Fax:
Mobile:
Email:

Order details

Item	Cost (incl. gst)	Quantity
MiracleMMR© software PC Only	\$1100.00	_____
MiracleMMR© software PC & Palm	\$1650.00	_____
Total Cost =		_____

Payment Method

Cheque Money Order
 Make out to 'Complete Medication Services'
 PO Box 625, Strathfield, NSW 2135

Credit card:

Bankcard Visa Mastercard

Name on credit card:

Credit card number:

Expiry date: ___ / ___

Signed: _____ Date: _____

Your signature on this form constitutes a binding agreement to purchase the item/s above. NB There is an 8week delivery time once the order is processed. Payment will only be returned in the event that the product is faulty.

Signature: _____ **Date:** _____

PLEASE FAX BACK TO (02) 9785 7364

w
w
w
.
m
i
r
a
c
l
e
m
m
r
.
c
o
m
—
p
h
0
4
1
7
2
2
6
6
4
8
—
a
b
n
6
6
8
5
0
4
3
2
7
6
2