



## Order Form – Tool Box and Policy & Procedure Manual

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### Customer Details

Contact Person: \_\_\_\_\_

Trading Name: \_\_\_\_\_

A.B.N. \_\_\_\_\_

A.C.N. \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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### Products (Choose your selection)

- OH&S Toolbox \$1500.00**       **Policy & Procedure Manual \$550.00**
- Or pay 4 instalments of \$375.00**

(All payment amounts are inclusive of GST)

For the OHS Tool Box we ask that you email us [info@itc.nsw.edu.au](mailto:info@itc.nsw.edu.au) a jpeg image of your company logo to go on each of the created documents

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### Payment

Payment options:

#### Cheque

Cheques made payable to:  
Industry Training Consultants  
PO Box 2035,  
DANGAR NSW 2309

#### Direct Deposit

National Australia Bank  
Account Name: Industry Training Consultants  
BSB# 082 – 514 ACCOUNT# 58-642-8468  
(please include invoice number and name for payment identification)

**Credit Card**

Use our online payment facility located at [www.itc.nsw.edu.au](http://www.itc.nsw.edu.au)

**For payments to be automatically debited from your nominated credit card below**

Card Type (please circle):                      Visa                      Mastercard                      Amex

Credit Card Number:                      

Name on Credit Card:

Expiry Date:   /                        Card Security Number:

By signing this request you acknowledge and understand that Industry Training Consultants will debit your credit card in the nominated amount shown above using their online payment facility. A receipt will be sent automatically to your e-mail inbox.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer Instalment Plan**

I have requested an instalment plan with Industry Training Consultants Payments. I authorise Industry Training Consultants to direct debit my credit card in the amount shown in the installment plan using their online payment facility on the ..... day of each month until payment is complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax Back On (02) 49 691 355**