



Customer Payment Faxback

Fax: **1800 245 168**

Account Code:

Customer Name:

Email: Please include your email address so we can update our database. Thank you.

Payment Amount: Paying specific invoices below or Paying Account

Paying Invoices:

Payment Option 1 - Direct Transfer

If you would like to pay your account by electronic transfer please use the details below.

Account Name: **Ausmedic Australia**
Bank: **HSBC**
BSB: **342 011**
Account Number: **255 098 299**

Please ensure you include your "**Account Code**" as your payment description

You can fax this page back as your remittance advice. Just complete the details above and fax to 1800 245 168

Don't forget to complete your account details at the top of the page before faxing.

Payment Option 2 - Credit Card

Just complete the details below and fax to 1800 245 168

Card Type: MasterCard Visa
Card Number: _____
Expiry Date: ____/____
Name On Card: _____
Signature: _____
Print Name: _____ Date: _____

Don't forget to complete your account details at the top of the page before faxing.

Payment Option 3 - Cheque

Please make your cheque out to Ausmedic Australia and send with this page to:

Ausmedic Australia
PO Box 542
HORNSBY NSW 1630

Account enquiries

Please contact our fantastic customer service team for any questions regarding your account.

Phone: **1800 245 169**

www.ausmedic.com
sales@ausmedic.com
customeraccounts@ausmedic.com

Fax: **1800 245 168**