

Pearson Clinical Assessment

If you are not a Registered Test User please complete our online registration form before ordering. Test user registration can be completed at www.pearsonclinical.com.au/register. Orders are filled on the understanding that copyright will be protected by the user.

Complete and fax your order to +61 2 9261 4975 OR email to info@pearsonclinical.com.au

CUSTOMER DETAILS

Do you wish to place this order on your Customer Account? YES NO If YES, Account No.: _____

Do you have a purchase order number? YES NO If YES, please attach your Purchase Order to this form

Name of Registered Test User: _____

Deliver my product attention to: _____

Organisation Name: _____

Organisation Address (street address please): _____

Phone: ()

Fax: ()

Email: _____

PROMOTIONAL CODE (IF APPLICABLE): _____

ISBN	PRODUCT TITLE	QTY	RRP\$ (incl GST)	TOTAL PRICE
Product Subtotal				
FREE Freight & Handling:				
Total Payable:				

PAYMENT DETAILS

Customers paying by credit card or bank transfer, please complete the details below.

EFT Bank Transfer (Please make it payable to: BSB: 014-002, Acct: 775018396, Name: Pearson Australia Group PTY

Credit Card I wish to pay by MASTERCARD VISA AMEX

Card No.: _____

Expiry Date: _____

CCV*: _____

Name (as on card): _____

Signature: _____

* Card Validation Code is a 3 or 4 digit code printed on the back signature panel of your card.

GST is included on all goods and services for deliveries within Australia and New Zealand. Prices are subject to change without notice.

Pearson Clinical Assessment Australia • Customer Care

Australia: 1300 473 277 | New Zealand: 9886 9536 | Fax: +61 2 9261 4975

All enquiries: info@pearsonclinical.com.au



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