



FIRE PROTECTION ASSOCIATION NEW ZEALAND INC.

FIRE SYSTEM IMPAIRMENT NOTICE

ORDER FORM

Company Name:	
Invoice Address:	
Delivery Address:	
Contact Name:	

Qty		Member Price	Non Member Price	Total
	Pads of 25	\$8.00	\$11.00	
			Postage and Handling	
			Sub Total	
			Plus GST	
			Total	

Note: Postage and Handling Charges as follows: 1-10 Pads \$ 5.00
 11-20 pads \$10.00

Payment Method:

By Invoice (FPANZ members only)

Cheque Enclosed

Credit Card

Mastercard Visa American Express

Card Number:

Card Holder Name _____

Expiry Date

1. Please allow 3-5 working days from receipt of completed order form.
2. Postage and Handling is for standard delivery only.
3. If urgent courier is required, an additional charge may apply.