



**BUS & COACH CO -OPERATIVE SOCIETY NSW LTD.**  
**ABN : 98 623 454 004**  
**27 Villiers Street North Parramatta 1750**  
**Phone 02 8839 9500 Fax 02 9683 1465**  
**Postal Address Locked Bag 13 North Parramatta 1750**

## ORDER FORM

Complete and Fax this order form to (02) 9683 1465

QUANTITY	CODE NO.	BRIEF DESCRIPTION	SIZE IF APPLICABLE	COLOUR IF APPLICABLE	COST

**For BusNSW Members a Tax Invoice will be sent with the goods ordered. Payment can be made by cheque, credit card (complete the authority below and fax to us ) or direct deposit to our account ( details on the invoice).**

**For Non BusNSW Members payment must be received before the goods are sent. You will be notified of the amount by return fax.**

**Name:**.....

**Company:**.....

**Address:**.....**Postcode:**.....

**Telephone(    )**.....**Fax:(    )**.....

**BusNSW Member:** Yes  No  **Date:**.....

**Please debit the Credit Card below:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Card holder Name**.....**Expiry Date**...../.....

**Type of card:**  Mastercard  Visa  Bankcard

**Amount to be charged \$**.....

**Cardholder Signature:**.....**Date:**.....