

Buckle Guard Prescription Forms

Attention to our valuable customers:

Please complete the form and send all documents (with payment if applicable) back to us as following steps:

1. All NSW customers fax/mail to:
WONDERLAND REHAB & CHILD CARE PRODUCTS
P.O.BOX 215,
35/2 Railway Parade,
Lidcombe, NSW 2141
Ph: 02 9649 4044
Fax: 02 9649 4055
Email: sales@wonderlandrehab.com

2. All other customers fax/mail to:
FAS THERAPEUTIC EQUIPMENT P/L
P.O. BOX 840,
6 Bate Drive,
Braeside, VIC 3195
Ph: 03 9587 6766
Fax: 03 9587 6899
Email: sales@fasequipment.com

Thank you very much!



FAS Therapeutic Equipment P/L

(A.C.N.: 051148586)

6 Bate Dr. P.O. Box 840

Braeside Vic 3195 Melbourne Australia

Tel.: 03-95876766 Fax.: 03-95876899

National Tel.: 1300-30 35 36 (cost of one local call)

Email Address: sales@fasequipment.com

FAS Seat Belt Buckle Guard
(Australia patent: AS2005100698)
(China patent: 20053006386.5 & 200520064194.8)

Order Form

Please complete all these details

Name of Parent/Guardian/Carer: _____

Contact Telephone No: _____ Email: _____

Delivery Address: _____

_____ Postcode: _____ Country: _____

Type of vehicle in which the Buckle Guard will be used: _____

Name of Client: _____

Buckle Guard:	<u>Qty</u>	<u>Total amount AUD:</u>
SVBG-U101 (Internal 60mm L x 56 mm W x 33 mm H)	_____	
No. of Buckle Guards needed (Price includes postage)	x @AUD50.00 each \$	_____

Payable to: FAS Therapeutic Equipment Pty Ltd

Payment Method:

Cheque/Cash/ Money Order **OR** Credit Card: *Bankcard/MasterCard/Visa*

Credit Card No: Expiry Date:.....

Signature:..... Name on Card:.....

The completed prescription form and a copy of medical certificate must be enclosed with this order.