



**Rehab Hire Pty Ltd**  
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# Purchase Order Form

Customer Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Customer Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 State \_\_\_\_\_ Postcode \_\_\_\_\_

Purchase Order # \_\_\_\_\_  
 Order Date: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_  
 Delivery Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Suburb \_\_\_\_\_  
 State \_\_\_\_\_ Postcode \_\_\_\_\_


Item Code	Item Name	Quantity	Price

Additional Information:

\_\_\_\_\_

## Credit Card Details

Name of Card Holder: \_\_\_\_\_  
 Card Number:                 
 Expiry Date:            /            /            CCV: \_\_\_\_\_

Signature 

Date:            /            /

Please see [www.rehabhire.com.au](http://www.rehabhire.com.au) for full terms & conditions.