



“OPTIMIST PRO” ORDER FORM

Purchase Order No: _____

1. Please complete your company details:

Company Name: _____ Contact: _____ Billing Address: _____ Phone: _____ Fax: _____	Deliver To: _____ Contact: _____ Shipping Address: _____ Phone: _____ Fax: _____
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2. I wish to purchase the following Optimist Pro software:

- Optimist Professional Series (Single User Licence)

Qty	1	@	\$3300	\$
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- Optimist Professional Series (Network Licence)

Users	___	@	\$ Call for Quotation
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*Prices are Inclusive of GST

TOTAL \$

NOTE:
 Goods are non-refundable once the order has been processed. Orders will not be placed until payment in full has been received and funds have been cleared. Please allow at least 7 days for processing and shipment of your order. A Tax Invoice will be issued once payment has been received, or prior should you make such a request.

2. I wish to pay by:

- Cheque or Money Order. *Attach and make payable to: Dynamic Taxation & Training Services (ABN: 18 088 399 240)*
- Bankcard

<u>Card Number</u>
<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"/> <input type="text"/> <input type="text"/>
- MasterCard

<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"/> <input type="text"/> <input type="text"/>

- Visa Card

Cardholder Name: _____	Expiry Date: ____/____
Signature: _____	

If paying by cheque

Mail your order to: **PO Box 722
Terrigal NSW 2260**

If paying by credit card

Fax your order to: **(02) 4385 7360**
 or
 Phone your order: **1300 854 654**