

CQUNI BOOKSHOP ORDER FORM

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Ignore student-specific fields if not applicable to you.

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Date / / 20 Quote Purchase Order

YOUR DETAILS

BOOKSHOP ACCOUNT NUMBER (IF KNOWN)

Student Number I am ordering for Term in the year 20

First name	Surname
Mailing address	
Town/city	Postcode
Country	
Telephone number (with area code)	Mobile
Email address	

Please notify us if your details change. Notifying Student Administration does not update our records.

COURSE CODE TITLE AUTHOR/BRAND QTY PRICE

COURSE CODE	TITLE	AUTHOR/BRAND	QTY	PRICE

DOMESTIC FREIGHT (\$10.00 AUD flat fee)

OVERSEAS FREIGHT (\$45 first item, for each additional item add \$22 for Pacific Rim/\$30 elsewhere)

INSURANCE (optional \$3 flat fee)

TOTAL

PAYMENT

Please charge VISA Mastercard Exp

Cardholders Signature

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PLEASE NOTE



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