

ATTENTION: _____

PLEASE COMPLETE AND FAX BACK TO THINKSHOP, fax 03 546 6868

1. CONTACT DETAILS

School name: _____

School's street address _____ CITY: _____ ZIP CODE _____

CONTACT PERSON: _____ Position: _____

Phone: _____ Fax: _____

Email contact: _____

Please check which box applies:

UBD Video set & manual: DIFFERENTIATION set & manual:

2. AGREEMENT

Start date: from _____ to _____

Due back at ThinkShop NO LATER THAN: _____

School's Purchase Order number: _____

By signing below, you agree to return the checked items above, in perfect condition, by the stated return date, and to accept liability for the sum of \$280 for replacement of lost or damaged goods. You also agree to pay \$7 per day additional fee for each day that the items are overdue back at ThinkShop past the due date stated above.

Issued by: name _____ Signature _____

Today's date: _____

3. PAYMENT

We'll pay on invoice within 14 days of the start date above

Cheque attached

We'll pay by credit card:

name on card: _____

Card number:

Expiry date CVV

(CVV is the last 3 digits on the back of the card)

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