

# Purchase Order Form

## CoP SELF-STUDY MATERIALS

Please complete this form and return with payment to:  
**GOLD SEAL – PO Box 544, Robina DC QLD 4226 OR Fax to (07) 5580 8496**

### COMPANY DETAILS

Company name _____	Contact name _____
Mailing address _____	Email address _____
State _____ Postcode _____	Phone no. (____) _____
	Fax no. (____) _____

### ORDER DETAILS

Course Name	Course Code	Unit Price (ex GST)	Unit Price (incl GST)	Quantity to Order	Total Price
Insurance Brokers and General Insurance Code of Practice – <b>Update Only</b>	IBCPU-SS10E	\$55.46	\$61.00		
Insurance Brokers and General Insurance Code of Practice	IBCP-SS08E	\$120.00	\$132.00		
<b>Total:</b>					<b>\$</b>
<b>TOTAL PAYABLE:</b>					<b>\$</b>

### PAYMENT DETAILS

Thank you for your registration. To help us process your registration efficiently, please complete the following information. A tax invoice will be emailed to the nominated contact person upon processing of payment.

**TOTAL PAYMENT** (inclusive GST): \$

I enclose a **Cheque** made payable to **Gold Seal Practice Management Pty Limited**

Please charge my **Credit Card**:  VISA  MASTERCARD

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I have authorised payment using **Electronic Fund Transfer** to the following account:

Account: Gold Seal Practice Management Pty Ltd  
 ABN: 89 107 895 027

Bank: St George Bank Limited  
 Branch: Level 12, 55 Market Street, Sydney NSW 2000  
 BSB No: 332-027 Account No: 552 186 720