



Go-ped® Accessories Order Fax Form

Quantity	Product No.	Name	Price*
*Please note: when ordering product where no price is specified, we will offer a quote based on this order before confirming purchase.			TOTAL

Name _____

Phone _____ **Mobile** _____

Address _____

Suburb _____ **City** _____

Country _____

Email _____

Method of payment: **Credit Card** **Direct Debit****

Credit Card Type: **Visa** **Mastercard** **AMEX** **JCB**

Credit Card Number _____

When paying by Credit Card we require you to fax or post this form
to us with signed authority by the card holder.

I _____ **the card holder for**
(card number) _____
authorise this purchase from the Go-ped® Service
Centre NZ, for the price of NZ\$ _____

Signed: _____

Date: _____

**If you wish to pay by Direct Debit, simply complete and fax this form back to us. We will contact you with our bank details for you to debit our account.