



## 2018 CALENDAR ORDER FORM

### CUSTOMER INFORMATION

**NUMBER OF CALENDARS REQUIRED (Maximum 10 per customer):**

First Name:	Last Name:	
Street Address:		
Suburb:	State:	Post Code:
Country:		
Landline Phone:	Mobile Phone:	
Email:		

### PAYMENT AND DELIVERY OPTIONS

**OPTION 1: Pay and Collect at BPSWA Workshop** **\$10** per single copy

Cash, Cheque or Money Order

Cheques payable to: Bus Preservation Society of WA (Inc)

**OPTION 2: Direct Funds Transfer and Collect at BPSWA Workshop** **\$10** per single copy

**BSB:** 036 027 **Account:** 172405 **Reference:** (Your Surname)

**Funds Transfer Receipt Number:**

**Date:**

Present a copy of this completed form when collecting your calendar at the workshop.

**OPTION 3: Direct Funds Transfer and Standard Postage within Australia** **\$13** per single copy

**BSB:** 036 027 **Account:** 172405 **Reference:** (Your Surname)

**Funds Transfer Receipt Number:**

**Date:**

Make a scanned copy of this completed form.

Go to the [Contact Us](#) page on our website [www.bpswa.org](http://www.bpswa.org) and submit the scanned form.

**OPTION 4: Multiple Calendars, Express Postage or International Deliveries** **At Cost**

Make a scanned copy of this completed form.

Go to the [Contact Us](#) page on our website [www.bpswa.org](http://www.bpswa.org) and submit the scanned form.

We will respond with cost details for your order as soon as possible.

### SIGNATURE

Signature of Applicant:

Date:

### BPSWA OFFICE USE ONLY

Receipt Number:

