# TELSTRA BILL ASSISTANCE PROGRAMENVELOPE ORDER FORM

##

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| --- | --- |
| **Organisation:** |  |
| **Your Name:** |  |
| **Delivery Address**  |  |
| **(MUST be Street Address)**  |  |
|  |  |
| **State:** |  | **Postcode:** |  |
| **Telephone:** | **( )** |  |  |
| **Email:** |  |  |  |
| **Signature:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SALMAT CODE** | **CODE** | **QTY** | **UNITS** | **DESCRIPTION** |
| **TELFUL0308** | **TBAP 05-05** |  | **Each** | **TBAP Envelopes** |

**Please send the completed form to**

|  |  |
| --- | --- |
| **Email:**  | daniel.joyce@fujixerox.com |
| **FAX:**  | **Daniel Joyce (03) 8358 1652**  |
| **POST:**  | **Daniel Joyce****Fuji Xerox** **PO Box 740** **Sunshine, VIC, 3020** |