# TELSTRA BILL ASSISTANCE PROGRAM ENVELOPE 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](mailto:daniel.joyce@fujixerox.com) |
| **FAX:** | **Daniel Joyce (03) 8358 1652** |
| **POST:** | **Daniel Joyce**  **Fuji Xerox**  **PO Box 740**  **Sunshine, VIC, 3020** |