

# Fee-for-Service Manual Purchase Form

For questions relating to completing this form, please contact  
Chris Whelan on 08 8177 2115 or email [chris@clwhelan.com.au](mailto:chris@clwhelan.com.au)

Please complete this form and send with payment to

CL Whelan and Associates  
PO Box 2016  
South Plympton SA 5038

or

Fax to 08 8177 2203

### Please Complete Your Practice Details

**Name of Practice**

**Postal Address**

Postcode

**Contact Person**

Preferred Name

Surname

Phone

Email

**Position**

**Number of Employees**

### Please Complete Your Payment Details

**Price**

**\$473 (including GST)**

**Cheque payable to:**

CL Whelan and Associates

American Express

Visa

MasterCard

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Card Number

Expiry Date

Cardholder's Name

**\$**

**Total Amount**

Signature

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