MEDICAL PURCHASE FORM FOR ASICS PRODUCT

asics
sound mind, sound body

Please fill out this form in its entirety. Partially completed forms will NOT be accepted. For further product information please visit: www.asics.co.nz - Thank you.

Name of Clinic: _____

Name of Purchaser: _____

Position at Clinic: _____

Delivery details of Clinic: _____

_____

_____

Contact phone number: ( ) _____

Business fax number: ( ) _____

Email: _____

PAYMENT: (needs to be made by Credit Card - Visa & Mastercard ONLY)

Name on card: _____

Credit Card number: _____ _____ _____ _____

Expiry: _____ / _____

PAYMENT IS REQUIRED BEFORE DISPATCH OF FOOTWEAR OR APPAREL

FOOTWEAR:

Model name: _____ US shoe size: _____ Men's / Women's
(please be specific): (please circle)

APPAREL:

Quantity (#)	Product Name:	Product Code (refer to website)	Colour:	Size:

Note: **Men's sizing is S, M, L & XL with XXL in certain products and Women's sizing is 8, 10, 12, 14 and 16 with 18 & 20 in certain products. ASICS apparel stockists can be found by visiting http://www.asics.co.nz/asics/stockists/stockist_apparel.html**

Note that the correct ASICS footwear / apparel size and colour is required as there will be

NO RETURNS ACCEPTED

Please note that we keep record of the product ordered. Product purchased must be for the use of clinic staff only. I understand that the purchase of product is for my personal use only.

Signed: _____ Date: _____

Thank you for loyal support of ASICS

Any questions please contact Lionel Thysse on:

Email: lionelt@britwyn.co.nz Phone: (09) 306 7200 Fax: (09) 379 0281