CLIENT QUOTATION/SALES ORDER

AHCIS No.
Quote No.:
Date:
Prepared By:

Phone:

Hearing Centre:
Address:

Phone:

Item Description	Quantity	Unit Price	Exclusive GST Total	Total Price

Total:

This quote/Sales Order is valid for 28 days from the date of quote and is subject to change beyond this period.

Contract of Sale

Hearing Aid Devices only:

I, the above-named, agree to pay for the hearing aid device(s) described above at the hearing aid fitting appointment. Fitting and clinical services charges are included in this purchase price where applicable. Any applicable government contribution has been deducted to arrive at the above price.

For Commonwealth Hearing Services clients, a representative of Australian Hearing has explained to me my entitlement to fully subsidised hearing aids that are free of charge to me and the benefits of these hearing aids. I have decided to purchase the hearing aid described above which offers additional features.

For all clients, Australian Hearing is entitled to charge an annual fee for repair and maintenance of the above device(s) over and above the warranty period. Australian Hearing offers this warranty in addition to, and not in substitution for, any rights which may be given by Australian consumer protection legislation, or which may be available under the general law.

Should I be dissatisfied with the above hearing aid device(s), I am entitled to a refund within the 55 day return period, provided the device(s) and all of its components are in good condition and proper working order, less $120.00 inclusive of GST to cover handling costs. Refunds will be provided within 21 working days of the date an application for refund is lodged.

I have read and understood the above.

Signature of Client:_____ 25-FEB-05   Signature of Witness:_____ 25-FEB-05

Name of Client:_____   Name of Witness:_____

* * * * TAX INVOICE WILL BE ISSUED ON COMPLETION OF YOUR ORDER * * * *