

Company Name:			
Company Phone Number:		DDI/extn:	
Contact Person:		Mobile:	
Email:			
Physical Address: <i>(Where our nurse is actually going to go to administer the vaccinations)</i>			
What is on the building? <i>(so our nurse knows what to look out for)</i>			
Parking/Site Directions:			
Email address for Invoicing:			

Purchase Order Number:	<i>(Please enclose copy if applicable)</i>		
Quoted Price: <i>(Price is per person excluding GST)</i>	No. Required		
	Vaccinations		
	Vouchers		
Flu Contact on the day? <i>(if different from contact above)</i>		Mobile:	
First Aider on the day?		Mobile:	
Preferred* time of day:			
Preferred* dates: <i>(please give several options)</i>			

**while we will endeavour to match your preferred requests due to high demand this is not always possible*

**PLEASE SEND YOUR COMPLETED FORM TO: Fax: 0800 376 606 or
Email: support@maxwellhealth.co.nz**

By engaging our services you are accepting our Terms of Trade as detailed below:

Name: _____ **Signed:** _____
Position: _____ **Date:** _____

Terms of Trade:

- Any variation to the above vaccination numbers must be confirmed at least 5 working days prior to nurse visit via email.
- Payment of invoice is due 20th of the month following date of invoice unless otherwise notified.
- A minimum charge per visit/per site will apply. Issuing of vouchers is not included in the minimum charge.
- Cancellation of less than five working days may incur a part charge.

Any queries? Please don't hesitate to call us on 0800 376 600