

Order Form



Choose either :



1. 4 Agreements

As a download from the EAL website

You will be emailed a
download code

OR

2. 4 Agreements

On CD (to be mailed to the address provided below)

Payment Details:



I enclose my cheque for **\$99.00** incl. GST,
 Please charge my credit card (details as below):

Visa

MasterCard

Amex

Diners

Bankcard

Card No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date: _____

Name: _____

Signature: _____

Please provide your details:

Company:

Name:

Position:

Phone:

Fax:

Mailing Address:

e-mail Address:

Number of Staff:

Fax this form to: **0800 15 8001**

Or **post** it to:

Employers Assistance, PO Box 302 160, North Harbour, Auckland 0751
Phone 0800 15 8000 Email info@employers.co.nz