

APPLICATION FOR A COMPUTER

Please complete form and return to Lilydale Computer Services, P.O. Box 267, Lilydale, 3140. Attach letter from your Doctor verifying disability. Provide copy of current Pension Card (if applicable)

Client Information

Name:		Age:	
Address:		State:	Postcode:
Phone (BH):	Home:	Fax:	
Contact Person (if applying on behalf):		Pension No:	
Phone (BH):	Home:	Fax:	

I wish to purchase a: Computer with Microsoft Windows/Office included (please tick)

Further Information

Office Use Only

Approved:	Date Contacted:	Date Taken:
Computer No:	By:	By:
COA Win XP:	Date to be collected:	<input type="checkbox"/> Recipient <input type="checkbox"/> Courier
COA Office:	<input type="checkbox"/> Phone: <input type="checkbox"/> Message:	Receipt No:
Technician:	<input type="checkbox"/> Letter:	Paid/Amount:
Date Allocated:		Signature: