

# e-MAIL / FAX ORDER FORM

TO: **PSYCHOLOGICAL ASSESSMENTS AUSTRALIA - SCORING BUREAU SERVICE**

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FAX: **(02) 9589 0063 (within Australia) or +61 2 9589 0063 (international)**

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EMAIL: [info@paa.com.au](mailto:info@paa.com.au)

WEB: [www.paa.com.au/product/pai-pai-plus](http://www.paa.com.au/product/pai-pai-plus)

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**FROM:**

Company/Name: \_\_\_\_\_

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Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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Date: \_\_\_\_\_

Pages: \_\_\_\_\_

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RE: **REQUEST FOR REPORT SCORING**

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TEST: \_\_\_\_\_ REPORT TYPE: \_\_\_\_\_

CLIENT NAME OR ID ON REPORT: \_\_\_\_\_

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> PAI RUSH SERVICE (2 hour turnaround)           | <b>\$55.00</b> incl gst |
| <input type="checkbox"/> PAI STANDARD SERVICE (24 hour turnaround)      | <b>\$27.50</b> incl gst |
| <input type="checkbox"/> PAI PLUS RUSH SERVICE (2 hour turnaround)      | <b>\$60.50</b> incl gst |
| <input type="checkbox"/> PAI PLUS STANDARD SERVICE (24 hour turnaround) | <b>\$33.00</b> incl gst |

**METHOD OF REPORT RETURN**

Email only                      Email: \_\_\_\_\_

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**METHOD OF PAYMENT:**

On Account - Customer No: \_\_\_\_\_

Credit Card (Mastercard/Visa/Amex/Diners Club)

Card no: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_