



30 Day Price Guarantee Form

*Denotes mandatory field

FOLLOW THESE STEPS TO SUBMIT YOUR 30 DAY GUARANTEE CLAIM

- **Capture an approved competitors advertised price**
on your phone (approved retailers only)
- **Attach a copy of your receipt to the completed form to:**
help@medimart.net.au or post to, Shop 6, 44 John Rice Avenue, Elizabeth Vale Shopping Centre, SA 5112.
- **We will verify the price is current**
and that the item is available for immediate sale and delivery.
- **We will happily match**
the price and payback the difference as an eftpos card or store credit.

Company*: _____ Name*: _____

Address*: _____

City*: _____ State*: _____ P/Code*: _____

Email Address: _____

Phone*: _____ Fax: _____

Medimart Invoice Number*: _____ Medimart Invoice Date*: _____

Medimart Item Number* _____ Medimart Price: _____

Competitors Docket Number*: _____ Competitors Docket Date*: _____

^Medimart customer service will verify upon receipt and confirm guarantee.