Fax Order Form:

Please print out, and fax to: +64 4 5666 779

Contact Details:

Name: _____

Tel: _____ Fax: _____

Email: _____

Billing Address:

Name: _____

Company: _____

Address: _____

_____

_____

Postcode: _____ Country: _____

Delivery Address:

Name: _____

Company: _____

Address: _____

_____

_____

Postcode: _____ Country: _____

Your Order:

Product Name: _____

Product ID: _____ Qty: ___ Size: ___ Colour: _____

Product Name: _____

Product ID: _____ Qty: ___ Size: ___ Colour: _____

Product Name: _____

Product ID: _____ Qty: ___ Size: ___ Colour: _____

Delivery Method: (please cross one) ☐ Airpost ☐ Express ☐ Courierpost (NZ only)

Credit Card Details:

Credit Card Number: _____ Security Code: _____

Name on card: _____

Expiry: _____ Card Type: _____

Signature (please sign here before faxing): _____