



Aromatherapy Clinic

23a Harford Ave, East Hills, NSW 2213, Australia

Fax / Mail Order Form



Please Print Clearly

Code	Product Name	Price Per Item	Qty	Total
TOTAL AMOUNT + (ADD 10% GST):				
<i>This fax/mail order does not include postage and handling. Please add appropriate amount for postage. See below.</i>				

For Australian orders \$5.00 will be charged for Shipping and Handling on all orders under \$75.00 (excluding GST).
 No Shipping and Handling fees for orders over \$75.00.
 For overseas orders a minimum of AU\$10.00 will apply for Shipping and Handling of a small parcel (up to 3 products).
 For larger quantities and heavier parcels the postage amount will be advised..

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Post Code :	
Contact Phone Number :	
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Credit Card Money Order Cheque Direct Deposit

Payment Method <i>(Please tick the payment method)</i>	
<input type="checkbox"/> Bankcard	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card Information	
Credit Card Number :	
Expiry Date :	Order Date: / /
Full Name on Card :	
Cardholder's Signature :	

PLEASE MAKE ALL CHEQUES AND MONEY ORDERS PAYABLE TO "AROMATHERAPY CLINIC"

FOR THOSE CUSTOMERS WHO ARE PAYING BY DIRECT DEPOSIT OUR BANK ACCOUNT DETAILS ARE:
BANK: ANZ
BRANCH (BSB): 012257
ACCOUNT NUMBER: 485560013
 Please include your receipt slip with your order form.

Mail or Fax Completed Form To :
 AROMATHERAPY CLINIC
 23A HARFORD AVENUE
 EAST HILLS, NSW 2213
 AUSTRALIA
 FAX : (02) 9785 2046