

**FAX COMPLETED FORM TO:
+61 (02) 9999 0566**



ORDER FORM

BILLING DETAILS

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____ Contact number: _____

DELIVERY DETAILS

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact number: _____

ORDER DETAILS

Product name / description	Size	Colour	Qty	Price

Delivery (use online cart to calculate delivery costs)

Sub-total

Total \$

PAYMENT DETAILS

<input type="checkbox"/> Visa	Card number: <input type="text"/>
<input type="checkbox"/> MasterCard	Name on card: <input type="text"/>
<input type="checkbox"/> Cheque	Expiry date: <input type="text"/>
<input type="checkbox"/> Bank transfer	Signature: <input type="text"/>

Our bank details:

Bank: Commonwealth Bank of Australia
Account name: The Whiteport Trading Company
BSB: 062-295 | Account #: 10255957