

Mail ORDER FORM

BreastFormShopping

Trading as: The BF Store ABN 27839821495

Please MAIL this form to:

The B F Store
PO Box 236
Swansea, NSW
Australia, 2281
Phone/Fax (02)49720347

Order form for Medical and Mastectomy products only.

Customer Information: **YOU MUST FILL IN ALL DETAILS**

Name:			
Address:			
City:	State:	Post Code:	

Ship to Same Address OR:

Name:			
Address:			
City:	State:	Post Code:	

Contact Details:

Telephone:	()	Email:	
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WHEN PAYING BY CREDIT CARD: You must supply your phone number. We will call you to confirm your order. (This is to protect YOU against credit card fraud)

ORDER DETAILS

I am Paying by: Credit card Money Order Personal Cheque Bank Cheque

All items are sent Registered & Insured Mail

ALL CHEQUES & MONEY ORDERS TO BE MADE OUT TO : **THE BF STORE**

Item	Model #	Colour	Size	Qty	Price	Total
Add up the cost of your items					Subtotal	\$
SHIPPING COST					Orders \$50 to \$100 = \$8.00 \$100 to \$150 = \$12.00 \$150 and over = \$15.00	\$
Total (=Subtotal - Discount + Shipping)						\$

Card Type (please circle one) <input type="checkbox"/> *Visa <input type="checkbox"/> *Mastercard <input type="checkbox"/> *Bankcard	*Name as it appears on card: _____
	*Card number _____ - _____ - _____ - _____
	*CVV2 CODE (Last 3 digits on the BACK of your credit card): _____
	*Expiry (MM/YY) ____ / ____ *Signature: _____

Special Instructions: