

ORDER FORM

							TOTALS
TAGS:							\$
							.
APPLICATORS:	QTY:			PR	ICE: \$12	.00 ea ex GST	\$
SUB TOTAL:							\$
GST:							\$
TOTAL INC GST:							\$
	<u>.</u>			(Add	itional cha	rges apply for	postage)
CUSTOMER DETA	AILS:						
NAME:	Τ						
PROPERTY NAME:	1						
ADDRESS:	1						
ADDRESS:	†						
TOWN:	1						
STATE:	†			POST	CODE:		
PHONE:			MOB				<u> </u>
EMAIL:			-		L		
HOW DID YOU HEAR A	BOUT SHE/	ARWELL?					
			<u> </u>				
COMMENTS:							

OR	DER FORM	Shearwell Australia Animal Identification & Management Systems
PAYMEN	T METHODS: Please select preferred payment.	
	QUE ose a cheque made payable to "Shearwell Australia" for the amount and post with the completed order form.	
Please DO N your order.	DIT CARD TIME: IOT email/fax your Credit Card details. We will call you to get your details If you have a preferred time to be contacted please write in box above 800 998 934.	
	rocess your order we will send you a Proforma Invoice with direct depo ur payment. Your order will be finalised once payment is received.	sit details
CONTACT	T DETAILS:	
MAIL:	Shearwell Australia Pty Ltd. 33 Piper Road Bendigo VIC 3550	
PHONE:	1800 998 934 (8.00am-5.00pm Monday-Friday, excluding public holidays)	
FAX: EMAIL:	1300 977 843 orders@shearwell.com.au	
NOTES:		
Please ord	er tags in multiples of 10.	
If you requii of our frienc Phone: 180	·	ntact one