ORDER FORM

SIMPLY FAX THIS ORDER TO 07 5527 6850
or MAIL WITH YOUR CHEQUE OR MONEY ORDER TO
3059 SURFERS PARADISE BLVD, SURFERS PARADISE 4217

TOWERS PHARMACY

Name: _____

Delivery Address: _____

_____ P/C: _____

Phone: _____ Email: _____

☐ Cheque or money order enclosed
☐ Bill my credit card

Visa ☐ Mastercard ☐ Bankcard ☐

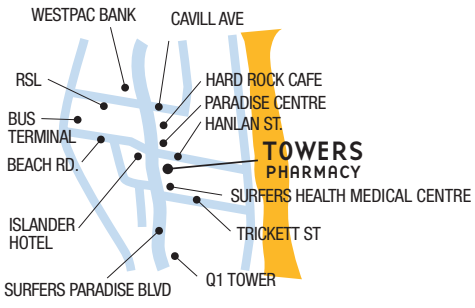
_____ _____ _____ _____

Expiry date: _____

Card holders name: _____

Signature: _____

CATALOGUE CODE	PRODUCT NAME / DESCRIPTION	SIZE	QTY	UNIT PRICE	TOTAL
DELIVERY CHARGE					$5.90
				TOTAL DUE	



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