

# DrGraeme Deep Tissue Massager Order Form

**Please forward this form to:**

DrGraeme  
331 Main St. (P. O. Box 914)  
Bairnsdale 3875

or Fax: 03 51532120

## Your details

Name \_\_\_\_\_

Address \_\_\_\_\_

Town/city \_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

## Requirements

\_\_\_\_\_ DrGraeme Deep Tissue Massagers @ 70 each \$ \_\_\_\_\_

Postage: Victoria \$10 + \$5 per extra unit  
Rest of Australia \$15 + \$10 per extra unit \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Note: prices include GST & Tax invoice issued

## Payment

Cheque/money order enclosed \_\_\_\_\_

or Please charge to the following Mastercard or Visa \_\_\_\_\_

Type of card MC \_\_\_\_\_ Visa \_\_\_\_\_

Card number \_\_\_\_\_ Expiry \_\_\_\_\_/ \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_