ORDER FORM

The Stamp Shak

PO Box 2265
NORTH IPSWICH Q 4305
Phone/Fax: 07 3294 7439

ABN 57 855 858 302

Email: sales@thestampshak.com
Web: www.thestampshak.com

NAME: …….. DATE: ……

ADDRESS: …….

…….P/CODE:……

PHONE: ……..

Please allow 7 – 10 working days for despatch of your order.

Please print clearly.

CODE	DESCRIPTION	QTY	EACH	PRICE

Postage and Handling Rates
Add $6.40 for orders under $50.00
Add $8.40 for orders over $50.00

Subtotal $ _____
Postage and Handling $ _____

TOTAL $ _____

(for orders paid by credit card the exact rate of postage will be charged)

Payment by: Cheque/Money Order or Bankcard/Visa/Mastercard (please circle)

Card Holders Name: ……

Three digit number found on the reverse of your card must be included: …… …… ……

SIGNATURE: …… EXPIRY DATE: ……

ORDER FORM (additional page)

(Please use if additional space required)

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Subtotal to transfer to front page $ _____