



able hearing
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ORDER FORM

DELIVERY DETAILS: (please print)

Name: _____ DATE: / /20

Delivery Address: _____

Suburb/City: _____ State: _____ Postcode _____

Contact Number: _____ e-Mail: _____

ORDER DETAILS:

Item #	Description	Quantity	Price/item	Sum	Postage	Total
eg. B312AZ	#312 batteries	10	\$6.00	\$60.00	FREE	\$60.00

Postage Fees	
1-17 packets batteries	\$6.50
18+ packets batteries	FREE
Under 1kg items	\$6.50
1-3 kg items	\$15.00

TOTAL COST \$ _____

PAYMENT DETAILS: Please make payable to Able Hearing P/L. Please do not send cash.

I enclose a cheque/money order. []

OR

Please charge my VISA / Mastercard []

Card Number _____ CVV* ____ Expiry date __ / __ (MM/YY)

Cardholder Name: _____ Signature _____

The Credit Card Verification (CCV) number is the last 3 digits printed on the back of your credit card.