Australian Longevity

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ABN 18 102 874 706

Product Order Form

Presented by
www.supplements-for-good-health.com
1300 880 392

An independent Australian Longevity Associate

DATE:

Ordered By:			**Ship To:** (If different)		
Name		ID#	Name		ID #
Address			Address		
Suburb	State	Post Code	Suburb	State	PostCode
Phone			Phone		

QTY	ID CODE	PRODUCT	Bonus Volume	PRICE	TOTAL
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

Cash ☐ Cheque ☐ Money Order ☐ Credit Card ☐

Card No. _____

Name on Card _____

Exp. Date _____

Mailing Address (if different from above) _____

Total BV		**Sub Total $**	$
		GST included in all Prices	
		Delivery & Handling (+4%)	$
		Total Payment $	

FOR OFFICE USE ONLY

I authorize Australian Longevity and its Agents, including Financial Institutions, to initiate electronic debit entries

Signature

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