Facsimile/ Mail Order Form

DRICAST

REUSABLE WATER PROTECTING COVER

Phone: + 62 9 625 4498
www.dricast.com.au info@dricast.com.au

Facsimile/ Mail Order Form

Fax to: + 64 9 625 4792
OR Mail to:

Dricast
PO Box 49 097
Mt Roskill South, 1445
Auckland, New Zealand

Customer Information:

Customer Name: _____
Contact Phone: _____
Contact Fax: _____
e-mail: _____

Delivery Address:
No. & Street: _____
_____
Suburb: _____
State: _____ **Post Code:** _____

Payment Information:

Payment Option (tick one):

☐ Cheque Enclosed ☐ Money Order Enclosed ☐ Credit Card (enter details below)

Note: Please make cheques or money orders payable to "Dricast" – delivery will not be made until funds clear.

Credit card Details:

Card Type (please tick): ☐ Visa ☐ MasterCard ☐ Bankcard

Card Number: ☐☐☐☐ / ☐☐☐☐ / ☐☐☐☐ / ☐☐☐☐

Name of Cardholder (as appears on Card): _____

CVV No. _____ (3 security numbers on rear of card) Expiry date: Month: _____ Year: _____

Signature: _____ Date signed: _____/_____/_____ (DD MM YYYY)

Product Selection:

MODEL	TYPE	COVER Len	COVER Circ	PRICE (Incl. GST)	QTY Ordered	TOTAL $
H	Hand	300mm	320mm	$ 36.30		
F	Foot	230mm	300mm	$ 36.30		
CA1	Child Arm	300mm	320mm	$ 36.30		
CA2	Child Arm	420mm	340mm	$ 38.50		
CA3	Child Arm	520mm	340mm	$ 38.50		
CL1	Child Leg	420mm	380mm	$ 38.50		
CL2	Child Leg	520mm	420mm	$ 38.50		
CL3	Child Leg	680mm	420mm	$ 40.70		
AA1	Adult Arm	420mm	380mm	$ 42.00		
AA2	Adult Arm	520mm	420mm	$ 38.50		
AA3	Adult Arm	680mm	420mm	$ 40.70		
AL1	Adult Leg	500mm	500mm	$ 42.90		
AL2	Adult Leg	700mm	580mm	$ 42.90		
AL3	Adult Leg	800mm	680mm	$ 45.10		
AL4	Adult Leg	900mm	680mm	$ 46.20		
				POSTAGE		$4.00
				TOTAL		