

**HORSELEY DENTAL SUPPLIES PTY. LTD.** A.C.N. 003 904 461

**HORSELEY DENTAL**  
TEL: 1-300-130-718

Date: .....

# MAIL ORDER FORM

No.: .....  
(for office use only)

Account No.: .....  
(if known)

Order No.: .....  
(if applicable)

Name: .....  
(please print)

Deliver to: .....

Street: .....

Street: .....

Suburb: .....

Suburb: .....

State: ..... Postcode: .....

State: ..... Postcode: .....

Tel No.: .....

Tel No.: .....

STOCK CODE (for office use only)	DESCRIPTION	QTY.	PRICE	AMOUNT

**AMOUNT**  
**FREIGHT**  
**TOTAL**

**PAYMENT**

- a.  Charge to my Horseley Account Number as shown above
- b.  A cheque for total amount endorsed
- c.  Charge to  VISA  Master Card  Bankcard

Card Number

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Expiration Date

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(Month) (Year)

Card Holders Name (please print) \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

Remarks .....

**ORDER OVER**  
**\$300.00**  
**FREIGHT FREE**  
(anywhere within Australia)