



PERTH DIET CLINIC BOOK ORDER FORM

Perth Diet Clinic, 12 – 14 Thelma St, West Perth WA 6005
Phone : (08) 9322 4680, Fax (08) 9321 4775

Name details

Name : _____
Title First name Surname

Address: _____

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Email : _____ Phone : _____

Please include either an email address or phone number in case we need to contact you regarding the order

Payment details

Cheque VISA card MasterCard Card expiry date: ____/____
month / year

Please charge \$ _____ plus postage & handling to my credit card

Card number :

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Signature : _____

If paying by cheque, please order by mail only and enclose cheque made payable to Perth Diet Clinic.

Book order details

Title	Qty	Unit Weight	Unit Price	Total Price
TOTAL				

Postage & handling charges will be added to each order. You can get an estimate of the postage charges from the links on the books page of our web site. For cheque orders, please ring or email in advance of your order (include the weight and destination of course) to get an up to date postage cost.