



**AUSSIE ORGANICS**  
International®

*The freshest place for organic produce!*

**IMPORTANT INFORMATION...**

Final order and payment day is **SUNDAY** for delivery the following **THURSDAY** or **FRIDAY**. Check our website for delivery information in your area.

You can also order and pay securely online:  
[www.aussieorganics.com](http://www.aussieorganics.com)

For assistance call our help line on 1300 644 944.

# FRUIT & VEGETABLES

## Order Form – September 2010

Name: \_\_\_\_\_

Customer ID: AU \_\_\_\_\_

Please send me a weekly delivery of:

(Tick the required boxes, fill out credit card details, sign below and fax back to us on 3007 9032)

		WEEK 35	WEEK 36	WEEK 37	WEEK 38	WEEK 39
PRODUCE PACKS		September 2 <sup>nd</sup> /3 <sup>rd</sup>	September 9 <sup>th</sup> /10 <sup>th</sup>	September 16 <sup>th</sup> /17 <sup>th</sup>	September 23 <sup>rd</sup> /24 <sup>th</sup>	Sept/Oct 30 <sup>th</sup> /1 <sup>st</sup>
Mixed Large Pack	\$68	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Medium Pack	\$48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veggie Pack	\$45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit Pack	\$45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juicing Pack	\$33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailored Pack	\$ ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please deduct my credit card for the amount of \$ \_\_\_\_\_ Visa  Mastercard  (Please tick)

Name on Card \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Card Number \_\_\_\_\_

CVV Number \_\_\_\_\_ (The 3 digit number printed on the right-hand side of the signature strip on the back of your card)

Card holder's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_

Once completed, please fax this form to 07 3319 0998.

*Thank you for your custom.*