



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

For assistance call our help line on 1300 644 944.

GROCERY

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 07 3319 0998)

		WEEK 35	WEEK 36	WEEK 37	WEEK 38	WEEK 39
PRODUCE PACKS		September 2 nd /3 rd	September 9 th /10 th	September 16 th /17 th	September 23 rd /24 th	Sept/Oct 30 th /1 st
Baby Pack	AUD \$ 59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning Pack	AUD \$ 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler Pack	AUD \$ 52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Pack	AUD \$111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailored Pack	AUD \$ ____	<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.