# FAX ORDER FORM

**Low Carb Zone Pty Ltd**
ACN: 110 188 853
P.O. Box 5208, Algester, Queensland. 4115.
**www.lowcarbzone.com.au**

## FAX YOUR ORDER — 07 3272 4788

| Delivery Details and Address | |
|---|---|
| Name: | |
| Address: | |
| Suburb: | |
| State: | |
| Postcode: | |
| Contact Number: | |
| Email: | |

***Please print clearly so we understand your order and Credit Card payment details.***

| Product ID | Product Name | Quantity | Item Cost | Total Cost |
|---|---|---|---|---|
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Postage costs to non regional areas is **$10.00**
Postage costs to regional areas please refer to our web site

**The total cost of your order is GST inclusive**

| | |
|---|---|
| Postage $ | |
| Total Cost $ | |

| Credit Card Payment | | | | | |
|---|---|---|---|---|---|
| **Mastercard** | ☐ | **Visa** | ☐ | **Bankcard** | ☐ |
| **Name on Credit Card:** | | | | | |
| **Credit Card Number:** | | | | | |
| **Expiry Date:** | | | | | |
| **Signature of Card Holder** | | | | | |

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