

Mail Order Form

ORDERED BY:

Name _____

Street address _____

City/Town _____

State _____ Postcode _____

Tel () _____ Fax () _____

Email _____

DELIVER TO:

Name _____

Street address _____

City/Town _____

State _____ Postcode _____

Tel () _____ Fax () _____

Special instructions _____



PO Box 2332 Noosa Heads QLD 4567 Australia
Telephone +61 7 5448 0240 **Mobile** 0414 390 930
Facsimile +61 7 5474 8209 **Email** moorekd@bigpond.net.au
Website canvasmyroom.com.au
 Moore Family Trust trading as Canvas My Room ABN 41 284 045 215

CODE	PRODUCT	SPECIAL INSTRUCTIONS	COLOUR	SIZE	UNIT PRICE	QTY	TOTAL PRICE
e.g. BPN0003	Original painting on canvas	Name to appear on canvas is "Charlie"	N/A	400mm x 500mm	\$120.00	1	\$120.00

METHOD OF PAYMENT: *(please tick one box)*

I enclose a money order/cheque for \$_____ *(please make cheque payable to "Canvas My Room")* OR Please debit my credit card

Visa Mastercard Card number Expiry date /

CCV number **Security Card Check Value** – Compulsory for Mastercard/Visa card users. Please record the last 3 digits of the number printed on the rear signature panel of your card.

Cardholder name _____ Signature _____

Sub total	\$
Postage	C.O.D.
Total payable	\$

I have read and accept the Canvas My Room Terms and Conditions of Sale. I acknowledge that by accepting the Terms and Conditions of Sale that the above items will be supplied within the specified time stated in the confirmation email. Cancellation fees may apply if an order is cancelled after accepting these Terms and Conditions.

Signature _____ Date _____