



Australian Insect Farm

ABN 81 697 339 519

ORDER FORM

EXPORT 2011

Office use only:
Rec:

Order no.

cc / ch / mo / dd / invoice

Am:



CUSTOMER/DELIVERY

Business Name
First name Surname
Street Address
or Postal Box No.
City/Town State/Prov.
Country Postal Code
Telephone
eMail

ORDER SUBTOTALS

	quantity	cost
Coleoptera subtotal from order form	<input type="text"/>	<input type="text"/>
Lepidoptera subtotal from order form	<input type="text"/>	<input type="text"/>
Other Insect Groups subtotal from order form	<input type="text"/>	<input type="text"/>
Shipping/Delivery Cost		<input type="text"/>
Order Total (A\$)		<input type="text"/>

PAYMENT METHOD

1- **Credit Card** (tick one)   **Expiry Date** (month) (year)

Credit Card Number

Security Code

(reverse side of card, last 3 digits)

Cardholders Name (as listed on card)

Cardholders Signature (not required for eMail orders)

2- **PayPal** Sue Hasenpusch – Paypal account email = info@insectfarm.com.au

3- **Payment Enclosed** (tick one) **Cheque** **Money Order**