order form

PO Box 306 Welland SA 5007 ph 1300 789 963 fax 1300 301 996 www.domhome.com

Customer Number (if known) | | | | | | | Date _____ Sales Order No. | | | | | | |

office use only

Name/s _____

Delivery Address (not post office box) _____

_____ State _____ Post Code _____

Phone (daytime) _____ Facsimile _____

Email _____

PAYMENT DETAILS

❑ Master Card ❑ Visa

❑ Diners ❑ American Express

Card Holder's Name _____

Card Holder's Signature _____ Expiry Date _____

* *Please note: 0.95c processing fee applies to all credit card payments*

❑ Cheque

❑ Money Order

❑ Direct Deposit Bank _____ Branch _____

❑ Online Transfer Reference Number _____

Product Code	Description	Qty	Price Each	Price Total

Product Code	Description	Qty	Price Each	Price Total

+ $9.95 (freight) if order is under $65.00	**$**
GRAND TOTAL	**$**

Thank you for your order