



**AUSSIE ORGANICS**  
International®

*The freshest place for organic produce!*

# FRUIT & VEGETABLES

## Order Form – August 2010

Name: \_\_\_\_\_

### IMPORTANT INFORMATION...

Final order and payment day is **SUNDAY** for delivery the following **FRIDAY**.

You can also order and pay securely online:  
[www.aussieorganics.com](http://www.aussieorganics.com)

For assistance call our help line on **2293 2265**.

Customer ID: HK \_\_\_\_\_

Please send me a weekly delivery of:

(Tick the required boxes, fill out credit card details, sign below and fax back to us on 3007 9032)

		WEEK 31	WEEK 32	WEEK 33	WEEK 34
PRODUCE PACKS		August 6 <sup>th</sup>	August 13 <sup>th</sup>	August 20 <sup>th</sup>	August 27 <sup>th</sup>
Large Mixed Pack	AUD \$107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium Mixed Pack	AUD \$ 70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Stir Fry Pack	AUD \$ 90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium Stir Fry Pack	AUD \$ 60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veggie Pack	AUD \$ 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad Pack	AUD \$ 60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit Pack	AUD \$ 70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juicing Pack	AUD \$ 55	<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"/>

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 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 3007 9032. *Thank you for your custom.*