

# Dr. B's Spec-Loop Order Form

**PHONE ORDERS: (08) 9386 5616 (Mon., Tues., Thurs. 8:30 – 5:00 WST )**

**FAX ORDERS: (08) 9389 6361**

**MAIL ORDERS TO: Dr.B's Spec-Loops Suite 1/189 Stirling Highway NEDLANDS W.A.6009**

**Ordered by:**

Dr./Mr./Mrs./ Ms./Miss \_\_\_\_\_  
(First name) (Surname)

**Delivery Address:**

\_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(State) (Postcode)

**Telephone : Day ( ) \_\_\_\_\_**

**Mobile Phone: \_\_\_\_\_**

**Email address: \_\_\_\_\_**

**Payment method**

**Please charge my:**  **VISA**  **MASTERCARD**  
(Please tick box)

CARD NUMBER

□□□□ □□□□ □□□□ □□□□

/	
Expiry Date	Cardholders Name (please print)
	Signature

**Amount Payable**

\$

Cheque or money order. Please make payable to:  
**DR R.C Barker**

Number of items	Type of cord	Wide or Narrow Grip	Cost of Each	Amount
			<b>Postage</b>	<b>\$5.00</b>
			<b>Total Amount</b>	<b>\$</b>