

www.shespoke.com.au

P O Box 2675
Toowoomba, QLD, Australia 4350

Date: __/__/__

Fax to (07) 46320502



S H E S P O K E
cycle wear

Fax order form

Customer (bill to)

Send to (if different)

Name

Name

Address

Address

Location

Location

State/Postcode

State/Postcode

Phone number

Phone number

DESCRIPTION	COLOR	SIZE	QUANTITY	PRICE	TOTAL
Comments/delivery instructions				Subtotal	
				Postage	
				TOTAL	

Method of payment

VISA MASTERCARD

Credit card number

Expiry date

Cardholder Signature _____