Order Form

Quantity	Title/Description	Price	Total

*Postage & packing*as quoted*

Subtotal $_____

P&P* $_____

TOTAL $_____

ORDER FROM:

Name _____

Address _____

_____

_____

Send to:

transpress
P.O. Box 10-215
Wellington 6143
New Zealand

Telephone_____ Date / / **fax: +64 - 4 - 905 3019**

❑ Cheque / Money Order enclosed

❑ Charge to Visa / Mastercard no. _____ Expiry /

Signature _____