MAIL/FAX ORDER FORM
DiBro PO Box 33-076, Petone, Lower Hutt
FREEFAX: 0800 940 004
FREEPHONE: 0800 940 003

HOW TO ORDER (Copy this form for future use!)
Then simply fill out the Order Form and enclose your cheque/postal order/credit card details/tick 'Send on Account'. **Please make a copy of your order** so that in the event of us contacting you with regard to order, procedure may be simplified.

GUARANTEE
If for any reason you are not satisfied with your purchase, simply return it within 7 days, quoting PACKING NOTE/INVOICE NUMBER. We will replace without question, or if you prefer, refund purchase price less freight.

NAME…… TELEPHONE/FAX/EMAIL

ADDRESS…… PHONE……

…… FAX……

…… MOB……

POSTCODE…… Email……

Quantity	Catalog #		Product/Description (optional if catalog # used)	Price
			TOTAL NETT	
			TOTAL	

Payment Choice
Tick For Cheque □ Circle Credit Card

We will add freight if required, and GST.

Schools/Institutions: Tick for send on Account □

Order Number:……

sales@dibro.co.nz www.dibro.co.nz

Signature:…… Expiry Date……

Thank you for your order!