

3rd Brain Software Order Form

DELIVERY AND CONTACT DETAILS, *Please Print*

Name: _____ Please add my details to the 3B mailing list

Business Name: _____

Address: _____

State: _____ Post Code: _____

Phone: _____ Fax: _____

E-mail: _____

How did you hear about us? _____

PAYMENT

3rd Brain Software Single User Version	\$1,095.00	_____
3rd Brain Software Upgrade	\$ 295.00	_____
3rd Brain Software Additional User, Per User	\$ 495.00	_____
Dymo LabelWriter 400	\$ 149.00	_____
Dymo LabelWriter 400 Turbo	\$ 249.00	_____
LabelWriter Labels 99010	\$ 21.98	_____
LabelWriter Labels 99010 5+1	\$ 109.90	_____
Freight is 8.00 if under \$150.00	Freight	_____
	TOTAL	_____

Visa MasterCard Cheque (*payable to Groves Natural Therapies*)

Credit Card Number

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Expiry Date

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Security Code#

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Card Holders Name

Card Holders Signature

#The last 3 digits located on the back of your card

*PAYMENT PLAN OPTION Single User Version ONLY, Fill out this section if you wish to pay 5 payments over 5 months

SIGNED by the Purchaser *..... Date: / /

Name: D.O.B: / /

Address: State: Postcode:

Home Phone: Work Phone: Mobile:

Next of Kin or partners names: Ph:

By signing this payment plan I authorise "Groves Natural Therapies" to charge my credit card \$229.00 per month for 5 months making a **total payment of \$1145.00. I understand that if I fail to make these payments that I may incur a late fee and/or debit collection fees added to the \$1145.00. **Please fill out your credit card details.***



Fax or email your order to:
 Fax: 07 3337 9743
 sales@3rdbrain.com.au