

Order Form

Name: _____

Address _____

Post Code _____ Tel _____

e-mail address _____

Shipping Address(if different from above) _____

FORM OF PAYMENT

Cheque or money order _____

Credit Card Visa _____ Mastercard _____ Bankcard _____

Credit card number _____

Expiry date ____/____/____ 3 digit security no _____

Name on Card _____

Signature _____

ORDER

Contact us for shipping costs before ordering.

TOTAL _____

If you have any enquiries, use the contact us enquiry form and we will email you an answer ASAP.

Please print this form using the print command on your browser and fax or post to: **HISTORIC CONNECTIONS**

48 Chiplin Street, New Lambton

NSW 2305

Tel/Fax: 02 49579396

International 61+2+49579396