



Safety Products Order Form

Name: _____

Deliver address: _____

_____ Post code: _____

Phone no: _____

I would like to order the following products:-

Code	Item	Qty	Price \$	Total \$
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.....
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Postage & Handling:

Cost is \$7.50 in the metropolitan area and \$12.50 for country areas.

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Please attach a separate list if ordering more products

[] Enclosed is a cheque payable to **Kidsafe SA Incorporated** OR

[] Please charge my (circle) Visa Mastercard

Cardholder Name: _____

Card Number: _____ Expiry date: _____

Security Number (last 3 digits on signature panel of card): _____

Signature: _____

Send to:

Kidsafe SA Inc.
 Women's and Children's Hospital
 72 King William Road
 North Adelaide SA 5006

OR fax to:-

(08) 8161 6162