PELVICexercises
professional pelvic health

ORDER FORM

POST: PO Box 8054 Cleveland 4163 Australia
EMAIL: contact@pelvicexercises.com.au

Order Details

PRODUCT	UNIT PRICE (inc tax)	QUANTITY	TOTAL
	$		$
		POSTAGE (see next)	$
		TOTAL	$

Postage

Please email us at contact@pelvicexercises.com.au & we will advise you of your postal charge.

Your Contact Details

FULL NAME:				
EMAIL *(Optional)*:				
PH. NUMBER *(Optional)*:				
STREET NUMBER:		**STREET NAME:**		
SUBURB:			**STATE:**	
POSTCODE/ Zipcode			**COUNTRY:**	

Preferred Payment Method

☐ ***CREDIT CARD/ MASTER CARD/ VISA (Circle)***

NAME OF CARD HOLDER:	
CREDIT CARD NUMBER:	
EXPIRY DATE:	
CCVN *(Last 3 digits on back of card)*:	
CARD HOLDER SIGNATURE:	

☐ ***DIRECT DEPOSIT***

I have electronically transferred payment into the ***Healthy Resolutions Pty Ltd.*** bank account.
BANK: Commonwealth Bank of Australia
ACCOUNT: Healthy Resolutions Pty Ltd
BSB: 064 138
ACCOUNT NUMBER: 1034 6359
SWIFT CODE *(Payments from countries outside Australia):* CTBAAU25