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| Date: | / | / |
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SEACURE & SC100 Order Form

How to order:

Fax: Fax order form to (03) 9419 8531 (credit card payments only)
Post: Post order form to P.O.Box 1610, Collingwood, Victoria Australia 3066 (complete credit card details or enclose cheque/money order)
Phone: Call (03) 9419 7501

For further information contact us on Freecall 1300 473 228 or email info@seacure.com.au or visit us at www.seacure.com.au

| Your order: | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|---------------------|-----|-------|
| Item | Code | Wholesale \$ | Suggested retail \$ | Qty | Total |
| HUMAN | | | | | |
| SEACURE 120 capsules (500mg) | 100 | | \$31.90 | | |
| SEACURE 300 capsules (500mg) | 101 | | \$64.90 | | |
| SEACURE 600 capsules (500mg) | 102 | | \$97.90 | | |
| SEACURE Shark Cartilage Powder 400gm | 103 | | \$75.90 | | |
| SEACURE Shark Cartilage Balm 100gm | 104 | | \$29.95 | | |
| EQUINE | | | | | |
| SC100 Shark Cartilage Powder 1.5kg | 201 | | \$159.50 | | |
| SC100 Shark Cartilage Powder 3.0kg | 202 | | \$280.50 | | |
| SC100 Shark Cartilage Powder 6.0kg | 203 | | \$495.00 | | |
| DOMESTIC PETS | | | | | |
| SC100 Shark Cartilage Powder 300gm | 301 | | \$53.90 | | |
| * Postage & Handling costs: | | | Postage & Handling* | | \$ |
| <ul style="list-style-type: none"> ▪ Within Australia: \$9.95 ▪ International: \$29.95 AUD ▪ Orders over \$100 AUD free delivery (Aust Only) | | | TOTAL (AUD) | | \$ |

| Your contact & delivery details: | | | | | |
|----------------------------------|-------|-----|----------|--|----------------------------------------|
| Name | | | | | Special instructions/Signature consent |
| Company | | | | | |
| Address | | | | | |
| | State | | Postcode | | |
| Phone | () | Fax | () | | |
| Mobile | | | | | |
| Email | | | | | |
| | | | | | Consignment <input type="checkbox"/> |

| Your payment details: |
|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am paying by cheque/money order (attached, made payable to Seacure) |

OR

| | | | | | |
|-----------------------------------------------------------------------------|-----------------------------------|-------------------------------------|-------------------------------|-----------------------|--|
| <input type="checkbox"/> I am paying by credit card (fill in details below) | | | | | |
| Card type | <input type="checkbox"/> Bankcard | <input type="checkbox"/> Mastercard | <input type="checkbox"/> VISA | Card holder signature | |
| Card number | | | | | |
| Name on card | | | | Expiry date | |
| | | | | / | |