www.By Celeste.com.au

Catalogue Order Form

Name: _____

Address: _____

_____Postcode: _____

Phone: _____

Email: _____

Ph: (02) 60234994
493 Swift St, Albury

Page	Product Description	Qty	Price	Total

☐ I would like to book a spa party

☐ I would like to join the Customer Care Club

☐ I would like more information on becoming a consultant

SUBTOTAL	$
FREIGHT	$
TOTAL	$

Thank you for your order!

PAYMENT METHOD: ☐ Cash ☐ Cheque ☐ VISA ☐ MASTERCARD

Card No. | | | | | | | | | | | | | | | |

_____ Card Holders Name

____/____ Expiry Date

_____ Signature