

## EASY ORDER FORM

(Print out form and fax to +61 3 5975 6251)

Product	Quantity	Order (Please cross)	Price (Please insert)
<b>Irisscopes</b>			
eyePIX6000 Pro		<input type="checkbox"/>	
option 1_-----		<input type="checkbox"/>	
option 2_-----		<input type="checkbox"/>	
eyePIX6000		<input type="checkbox"/>	
option 1_-----		<input type="checkbox"/>	
option 2_-----		<input type="checkbox"/>	
eyePIX4500		<input type="checkbox"/>	
option 1_-----		<input type="checkbox"/>	
option 2_-----		<input type="checkbox"/>	
multiPIX		<input type="checkbox"/>	
option 1_-----		<input type="checkbox"/>	
option 2_-----		<input type="checkbox"/>	
<b>Software</b>			
Iridology Station 5.0		<input type="checkbox"/>	
Dr Pesek's Interpretive and Reporting Software		<input type="checkbox"/>	
The New Iridologist		<input type="checkbox"/>	
Constitutional Iridology		<input type="checkbox"/>	
Iridology2000 NutriBase		<input type="checkbox"/>	
<b>Total:</b>			_____

Full Name																				
Address																				
Suburb											Postcode									
State											Country									
Phone																				
Fax																				
Payment	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Bank Card <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Bank Deposit																			
Card Number																				
Expiry Date	/																			
Name on Card																				

Cardholder's Signature: \_\_\_\_\_