

Guest ORDER FORM

WHITE: OFFICE / CONSULTANT | YELLOW: HOST | PINK: GUEST

SECTION 1: DETAILS					PLEASE PRINT CLEARLY IN CAPITAL LETTERS	
Guest's First Name		Surname		Payment Date		
Home Address						
Suburb/Town		State	Postcode	Phone		
Email						
Host's Name <i>(Team Manager)</i>		Party Date		Phone		
Consultant's Name		Consultant's ID no.	Phone		ABN	

Please process my Order for the following PartyLite products to be delivered to the Host whose name is set out above.

Customer Name	
Customer Signature	Date

I would like to be a preferred Customer
 I'm interested in having a Party
 I would like more information about PartyLite

SECTION 2: GUEST ORDER				
ITEM NO.	QUANTITY	DESCRIPTION	PRICE	TOTAL
TOTAL ITEMS			PRODUCT TOTAL	A
			CHILDREN'S HOSPITALS DONATION* (ONLINE ORDERS ONLY)	B
			GRAND TOTAL	C

* Online Orders only. Consultant profit is not paid on donations to the Children's Hospital Foundations Australia.

SECTION 3: PAYMENT METHOD

CASH CHEQUE VISA MASTERCARD

CARD NUMBER:

EXPIRY DATE: /

Cardholder's Name (please print)	Signature	Date
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You may cancel this order at any time within ten days. Simply call, fax or write to the authorised Consultant.

