



Customer Details

Name.....

Address.....

.....

.....Post Code.....Country.....

Tel.....Mob.....Fax.....email.....

*

To ensure our records are accurate, would you please supply the above details to us, even if you do not wish to place an order now or you do not wish to be placed on our standing orders list. Please note that your information is used only by APTA for the purpose of informing you of future APTA overprints, products and shows and will not be disclosed to any other party.

*

ORDER DETAILS

Total of order from price list \$.....

Method of payment: Cheque / Credit Card *

Credit Card Details (Visa/Mastercard only) (Amex, Diners Club not accepted)

Credit Card number.....Exp. Date/..

Name on credit card.....

Signature.....

Do you wish to be placed on our Standing Orders list?

Yes / No * (* strike out what is not applicable)

If Yes, your credit card details * or permanent deposit of \$100 * are required

If Yes, you wish to have of each item *or of particular item
eg. phil. *, or non phil. barcode *, or other request eg. PNC (Qty.).....

Please make cheques payable to APTA

and send this form to:

**APTA,
P.O. Box 415, BLACKBURN Vic. 3130**

*You can contact Mr. Gerd Kratzer, the Administrative Officer of APTA
anytime on 0409 123 393 or admin@apta.com.au*