

Bright Life Australia Pty Ltd ABN 90 081 217 601

Print your name and address below here

STREET ADDRESS preferred as courier service may be used.

Mr / Mrs / Ms / Miss: _____

Address: _

_____ Postcode:

Privacy Notification - When you place an order with us we collect certain information concerning you. For full details regarding what happens to this information, please read our Privacy Policy which is available at www.brightlife.com.au or phone 02 9979 0283 and we will post you a copy free of charge.

DER FOR Catalogue code: WEB

2 For delivery tracking/communication (important)

Mobile/Phone

Your Email address

Please tick here or let us know if you do not wish to be notified of any future offers by Bright Life.

Please tick here if you do not want to receive offers for products or services from other companies that might interest you.

3 PRODUCT NAME	PAGE #	ITEM #	COLOUR	SIZE	PRICE	QTY	TOTAL
					\$		\$
					\$		\$
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					\$		\$
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					\$		\$
					\$		\$
PHONE FOR FAST SERVICE: (02) 9979 0283	4 Merchandise Total						\$
SAC FOR PAST SERVICE: (02) 99190203 The orders taken immediately. 5 ATTENTION: Add post, packing and handling. Setween 9:00am – 5:00pm DST weekdays. Calculate merchandise total in [4] then add postage &handling (see scale below): Image: Setwice and the space below. Orders up to \$40.00							\$
• •		6 months money back guarantee (excludes postage & handling)					
*Product Information: Bright Life does not claim that this product will cure any injury, nor should it be used as a substitute for medical care. It is not sold as a medical device & we advise everyone to consult a doctor for injury diagnosis & treatment prior to use. Magnets are NOT recommended for use by pregnant women or	6 GRAND TOTAL: Add [4] + [5] (Cheque, money order, or credit card) ALL PRICES ARE GST INCLUSIVE						\$
people with pacemakers or other electrical implants.		he cumplied					

Subject to stock availability a free gift of equal or greater value may be supplied.

7	Payment	(IMPORTANT: F	LEASE DO	NOT SEND	CASH)
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Make cheque/money order payable to Bright-Life Australia Pty Ltd

or charge to my: VISA MASTERCARD

Card no.: ____

Card holder's name: ____

8 To mail, detach this page, put together with payment in an envelope and send it to: Expiry Date: (Mo) _____ (Yr)_____

Signature: _

BRIGHT LIFE AUSTRALIA PTY. LTD. P.O. Box 183, Mona Vale, NSW 1660