HAL•LEONARD AUSTRALIA PTY. LTD.

ORDER FORM

NAME OF SCHOOL/SOCIETY: _____ Contact Name: _____

Address: _____ State: _____ Postcode _____

Phone Number(s) Home: (____)_____ Work: (____)_____ Fax : (____)_____

E-mail Address: _____

CREDIT CARD AUTHORISATION

I hereby authorise Hal Leonard Australia Pty Ltd to charge my Visa /MasterCard with the amount of $_____, for the above items I have indicated above. In addition, I also give authority to charge the same credit card for freight costs incurred.

❑ Mastercard ❑ Visa Cardholder name: _____ Signature _____

Cardholder number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date: ____/____

Please supply the following:

Item Code	Details	Quantity	Cost	Total
Postage and Handling (includes GST)		For one book (or 1-4 play scripts), please add: A$6.60 For two books (or 5-10 play scripts), please add: A$11.20 For each additional book please add: A$4.40		
			TOTAL:	

Please forward order form by fax or mail to: Hal Leonard Australia
PO Box 5130, Cheltenham East VIC 3192 Ph: (03) 9585 3300 Fax: (03) 9585 8729