



DAB Docs Purchase Order Form

Please complete this form and fax to 02 9514 8804.

<input checked="" type="checkbox"/>	Item	Cost \$A	Qty	Total \$A
	<i>Made Known</i> , I Gwilt (ed)	17.00		
	<i>Safety Catch</i> , B Pandolfo (ed)	27.00		
	<i>Shimni Park: Changeability: The Fashion Trace</i> , P McNeil (ed)	32.00		
	<i>Cosmopolitan Ground</i> , S Balmforth & G Reinmuth (eds)	67.00		
	<i>Lace</i> , C Heffer (ed)	32.00		
	<i>Fragments</i> , A Clifton-Cunningham & A Gwilt (ed)	6.00		
	<i>MundaneTraces</i> , I Gwilt & D Turnbull (ed)	17.00		
	Total cost			

Delivery Details:

Name: _____

Address: _____

Town _____ State _____ Postcode _____

Email address: _____

Credit Card details:

Type of card: Visa Mastercard

Card number: _____ - _____ - _____ - _____

Card expiry date: ____ / ____

Name on card: _____

Signature: _____ Date: _____