



Product Order Form

Product Details												
										Order Date	Event	Price
Customer Details (You)												
Your Name						Mobile Phone						
Company (to invoice)								Home Phone				
Email Address (Print Clearly)												
Postal Address								Suburb				
City		State				Postcode		Country				
Second Customer Details												
Name						Mobile Phone						
Guest / Sharing Program						Home Phone						
Email Address (Print Clearly)												
Payment Options												
Credit Card (Part Payment)				Credit Card (Full Payment)				EFT				
Bank Deposit: Pat Mesiti Pty Ltd; BSB: 013-030 ACC: 460-657-265 Reference: Surname. Send payment remittance to billing@mesiti.com to confirm your payment.												
Payment agreement: I agree to pay \$_____ today, and then \$_____ per month for _____ months. To take advantage of the part payment option will incur a fee.												
Credit Card Details												
Credit Card Type (Please circle one)				Visa		MasterCard		Amex				
Name on Card								Card Holder's Signature				
Card Number								Expiry Date		/		
Email Address of Card Holder (If different from Customer's email)								CVC/CID				
Special Order Instructions												
Pat Mesiti Pty Ltd. ACN 612501612. Lot 120 / 18 Fern Street, Surfers Paradise, QLD, 4217. Phone: +617 5613 3845 . Full Terms and conditions can be found at www.mesiti.com												
<input type="checkbox"/> By submitting this order form, I have agreed to purchase the above stated program and I authorize us to charge the credit card provided for the payment of this program until the purchase is complete. I understand that I have the right to cancel the order and request a full refund within 10 days from the date of the first payment. Cancellation can be made by phone or email to billing@mesiti.com .												
										Customer Signature		