

# X10effect

## Special Order Form

Product Details			
		Order Date	Price

Customer Details							
Your Name				Mobile Phone			
Company (to invoice)				Home Phone			
Email Address (Print Clearly)							
Email Address (Repeat Again)							
Postal Address						Suburb	
City		State		Postcode		Country	

Payment Options				
Bank Deposit (Full Payment only)		Credit Card (Full Payment)	Credit Card (Part Payment)	Cash
Bank Deposit: X10 Effect Pty Ltd; BSB 012 468 Account 202-589-159 Reference Surname. Send remittance to billing@x10effect.com.au 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

X10 Effect Pty Ltd PO BOX 110 Broadbeach, Queensland 4218 Australia . ABN 98 138 842 743 . Phone: 07 5603 3934

By submitting this order form, I have agreed to purchase the above stated program and I authorise X10 Effect Pty Ltd to charge the credit card provided for the payment of this program until the purchase is complete. I understand I have the right to cancel the order within 14 days from the date of the first payment. Cancellation can be made by phone or by email to billing@ x10effect.com.au.

I understand and agree to the terms and conditions of this purchase agreement.	Customer Signature
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