

Fresh Breath Solutions

ORDER FORM

Mr / Mrs / Miss / Ms: Date:.....
 Address: State: Post Code:
 Tel: (.....) Mobile:.....
 Fax: (.....)..... Email:

			(QTY)	(TOTAL PRICE)
CloSYS Starter Pack: Information Pack Reg. Mouthrinse (473ml) Reg. Toothpaste (96g) Pocket Oral Spray (7.4ml) Tongue Cleaner	CLSP	52.00		
CloSYS Intro/Travel Pack: Toothpaste (21g) Mouthrinse (118ml) Pocket Spray (8.3ml) Flavour Control (2.3ml)	CLTP	17.95		
CloSYS Regular Mouthrinse (473ml)	CLMRR	22.95		
CloSYS Large Mouthrinse (946ml)	CLMRL	32.95		
CloSYS Regular Toothpaste (96g)	CLTPR	16.95		
CloSYS Large Toothpaste (198g)	CLTPL	22.95		
CloSYS Pocket Oral Spray (7.4ml)	CLPOS	7.95		
Tongue Cleaner	CLTS	5.50		
Floss-Picks (30pk)	PAC30	3.35		
CloSYS Bonus Packs				
4 x Large Mouthrinse + FREE Regular Rinse	CL4R	131.80		
4 x Large Mouthrinse + FREE Large Toothpaste	CL4T	131.80		
CloSYS Value Packs "Buy 6 get 10% OFF!"				
Regular Mouthrinse Value Pack (6 x 473ml)	CLVPMRR	123.93		
Large Mouthrinse Value Pack (6 x 946ml)	CLVPMRL	177.93		
Regular Toothpaste Value Pack (6 x 96g)	CLVPTR	91.53		
Large Toothpaste Value Pack (6 x 198g)	CLVPTL	123.93		
Pocket Oral Spray Value Pack (6 x 7.4ml)	CLVPPPOS	42.93		
Postage & Handling				11.00
TOTAL				

CREDIT CARD: VISA or MASTERCARD only

Card # _____ **Expiry** _____ **CSC** _____
 (CSC: this is the three digit 'card security code' on the signature area on the back of your credit card)

CHEQUES/MONEY ORDER: Please make cheques payable to: **Fresh Breath Solutions**

EFT payments: Please fax or email this form together with your EFT payment confirmation.
 Account name: Fresh Breath Solutions BSB: 082 684 ACC. # 17145 6993 Bank Ref (please use your name).

The Fresh Breath Clinic t/as Fresh Breath Solutions Tel (02) 6568 4420 Fax: (02) 6568 4421
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