



CLIENT REFERREL FORM

Name:		Phone Number:	
Postal Address:		Mobile Number :	
		Email Address:	
Suburb:		Date of Departure:	
Postcode:		Notes:	
Procedure & garment requirements:			

*Fitters use:*

CLIENTS' MEASUREMENTS

Waist:	Hips:	One Thigh:
Under Bust:	Chest:	Upper Arm:

CUSTOMER ORDER

Code	Quantity	Checked for delivery

Payment Details:

Payment Method (please circle) : Cash      Credit      Direct Deposit		
Direct Deposit: BSB: 736302      Account: 539214		
Credit Card Details: Name on card:		
Card Type :	Card Number:	
Expiry:	CCV :	

**Fran: 0400 244 959**

**Fax: 6311 7319**

**email: info@bodyplus.net.au**