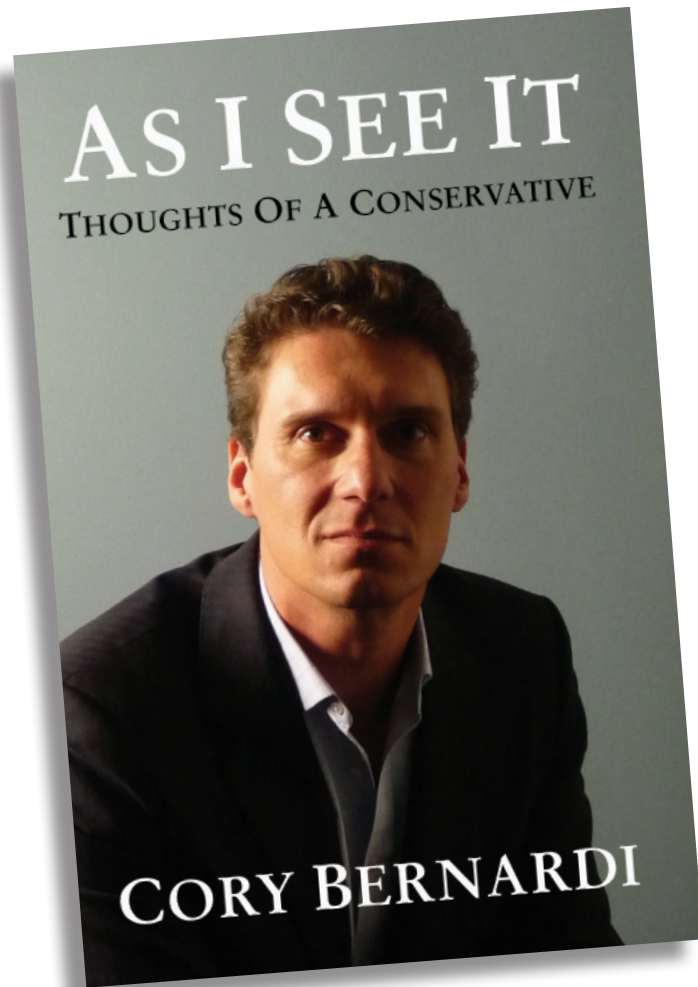


As I See It - Order Form



Return this form to Cory Bernardi:

Post: PO Box 202 Walkerville, SA 5081

Fax: (08) 8311 5268

Title: Mr Mrs Miss Ms Other (*please specify*) _____

First Name: _____ Surname: _____

Mailing Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: _____ Fax: _____

Email Address: _____

No. of copies @ \$19.45 (plus \$4.50* P&H) _____

**For multiple copies and international orders postage and handling costs may vary*

Card Number - **VISA** or **MASTERCARD**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry

Name on card

ccv*

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

<input type="text"/>



** The CCV number is the three digit number on the back of your credit card*