










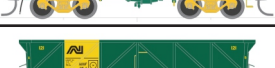


AUSTRAINS NEO

SAR SO / SOC Concentrate Wagon

ORDER FORM

Each pack contains 5 models

@ \$275.00 / Pack

| | | | Qty. | \$ |
|--|---|--|-------|----|
| SOC 001 |  | SOC SOLD OUT Pack A | _____ | |
| SOC 002 |  | SOC SOLD OUT Pack B | _____ | |
| SOC 003 |  | SO SOLD OUT Pack A | _____ | |
| SOC 004 |  | SO Pack B | | |
| SOC 005 |  | SO Pack C | | |
| SOC 006 |  | ANR Pack A | | |
| SOC 007 |  | ANR SOLD OUT Pack B | _____ | |
| SOC 008 |  | ANR Pack C | | |
| SOC 009 |  | AN SOLD OUT Pack A | _____ | |
| SOC 010 |  | AN SOLD OUT Pack B | _____ | |
| SOC 011 |  | NR SOLD OUT Pack A | _____ | |
| SOC 012 |  | NR SOLD OUT Pack B | _____ | |
| Postage and Insurance: 1 to 3 packs add \$ 12.00 4 to 6 packs add \$ 20.00 | | | | |
| Postage and Insurance | | | | |
| Total Price | | | | |

Name:

Address:


Postcode:

Phone: Email:

Payment Details

I enclose my Cheque / Money Order for \$ made payable to **SDS Models**

Direct Deposit: BSB 082-135 Acc# 17-316-5399 Please use you name as reference.

Please charge my Credit Card  **VISA** (Select One) for \$

Cards Number: Expiry: ____ / ____

Name on Card:

Signed: Date: