

POLLED MARKER TEST KIT ORDER FORM

Member No.: _____

Contact Name: _____

Phone: _____

Email: _____

POLLED MARKER TEST KITS

Number of Test Kits required

HAIR SAMPLE KIT

\$26.40 per sample (inc. GST)

\$ _____

METHOD OF PAYMENT

Cheque

Visa

Mastercard

EFT (Ref: Membership No)

Card No: _____ Expiry Date: ___/___ CVC: _____

Name on Card (print): _____

Signature: _____

PLEASE COMPLETE & RETURN THIS FORM WITH PAYMENT TO:

Post: HAL, Locked Bag 7, Armidale NSW 2350

Fax: (02) 6772 1615

