Fax To: **(0064) 3 544 0243** ***or***
Mail To: **NZAP**
PO Box 3375
Richmond, Nelson
New Zealand
Ph: **(0064) 3 544 0153**

NEW ZEALAND ARCHERY PRODUCTS

ORDER FORM

All items purchased remain the property of NZAP until full payment is made.

Tick Here if you are a new customer ☐

Send To: (Please Print Clearly)

Name:_____
Address:_____
_____
City:_____
State:_____ Country:_____
Postal Code:_____
Telephone No:_____

Cardholder's Name:_____
Credit Card Number

Expiry Date:_____/_____
Signature:_____

Payment Type: (Please Circle)

VISA ☐ MASTER CARD ☐ CHEQUE ENCLOSED ☐
I HAVE AN ACCOUNT ☐ I WILL MAIL A CHEQUE ☐
DIRECT DEBIT TO ACCOUNT No: 0107 02 0093336 00 ☐

Item	Description (Name, Size, Colour, Left or Right Hand, ETC..)	QTY	Price Each	**TOTAL**
			TOTAL	

Special Instructions:.....
.....
.....
.....
.....

For NZAP use: .....
.....
.....
.....
.....

Order No:.....

Waiting for back order ☐
Back Order Sent: ____/_____/____
Checked Ok for Delivery ☐
Date Order was sent:____/____/____

Shipping method:
Post ☐ Courier ☐ Customer Pickup ☐