

Publication Title	Quantity	Price \$	Total \$
		Total of Order	\$

Your address and payment details		
Name:		
Address:		
Suburb:	Postcode:	State:
Country (if not Australia):		
Telephone:		
Email:		
Cheque/money order enclosed:		
Credit Card Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _		
Credit Card Name:		
Card Expiry Date:	Visa: <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
<p>Declaration</p> <ul style="list-style-type: none"> I have read and agree to the conditions above I will obtain the written permission of State Records if I wish to publish State archives or extracts therefrom (See Archives In Brief 11) <p>I agree: <input type="checkbox"/></p> <p>Signature: _____ Date: _____</p>		