

CERNILTON ORDER FORM

Name _____

No. of bottles (44.95 each) please add \$9.95 to total for postage

Address _____

City, State _____ Postal code _____

Method of Payment

Visa Cheque/ MO: Please make payable to Graminex Australia

Mastercard Bankcard

Credit Card# _____ Exp. date _____

Signature _____

GRAMINEX AUSTRALIA PTY LTD

WWW.GRAMINEX.COM.AU

Phone: 1300 360 289

Yes, please send me my FREE report
"9 ways to improve your prostate health"

Please fill in your particulars and mail to:

Graminex Australia Pty Ltd

PO BOX 910

South Melbourne VIC 3205

Phone _____

Fax _____

E-mail _____

Graminex Australia Pty Ltd

**Graminex Australia Pty Ltd
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Victoria 3186**

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email: info@graminex.com.au
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