



Manual Order Form

Fax to: 07 4033 2751
Post to: PO Box 177H Edge Hill Cairns QLD 4870
Phone: 07 4033 2750

Please list your products:

Code	Product	Price	QTY	Total

Please select your parcel size:

<input type="checkbox"/> Gift Certificate (Express Post) \$5.00			
<input type="checkbox"/> Small Parcel (Registered Post) \$5.00			
<input type="checkbox"/> Medium Parcel (Registered Post) \$9.00			
<input type="checkbox"/> Large Parcel (Registered Post) \$15.00			
<input type="checkbox"/> Extra Large Parcel (Registered Post) \$20.00			
<input type="checkbox"/> International P.O.A.			
Would you like Gift Wrapping? Beautifully wrapped & personalised gift card	\$7.00		
	TOTAL:		

Special Instructions/Message for gift tag (if gift wrapping ordered):

Receive our quarterly Newsletter with discounts

If you have ordered a Babyography® product, please complete the form overleaf...

Thankyou for shopping with Stix and Stones Baby.

Order Details:

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone Number: _____ Email: _____

Delivery Address:

Same as above *or*

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone Number: _____ Email: _____

Payment Information:

Credit Card: Visa M/Card B/Card

Card Number:

Expiry Date: /

Cardholder's Name: _____

Cardholder's Signature: _____

or **Direct Debit:**

or **Money Order/Cheque posted**

BSB: 084-472

Account Number: 79-702-4623

Account Name: SizzlePoint Pty Ltd

Please use your name as a reference and notify us when deposit it made.

Thankyou.



Fax to: 07 4033 2751
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Babyography Details:

Baby's First Name: _____

Baby's Middle Name: _____

Baby's Surname: _____

Delivery Date: _____ Delivery Time: _____

Doctor/Obstetrician Name: _____

Midwife Name (if desired): _____

Eye Colour: _____ Hair Colour: _____

Weight: _____ Length: _____

City: _____ Hospital Name: _____

State: _____ Country (if outside Australia): _____

The Family:

Mother's First Name: _____ Surname: _____

Father's First Name: _____ Surname: _____

Full Name of all Grandparents E.g. Jack & Lorraine Donaghey; Tom & Shirley May: _____

Additional Requests (depending on space available, we may be able to accommodate up to 1-2 lines of additional information):



Fax to: 07 4033 2751
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Babyography # 2 Details:

Baby's First Name: _____

Baby's Middle Name: _____

Baby's Surname: _____

Delivery Date: _____ Delivery Time: _____

Doctor/Obstetrician Name: _____

Midwife Name (if desired): _____

Eye Colour: _____ Hair Colour: _____

Weight: _____ Length: _____

City: _____ Hospital Name: _____

State: _____ Country (if outside Australia): _____

The Family:

Mother's First Name: _____ Surname: _____

Father's First Name: _____ Surname: _____

Full Name of all Grandparents E.g. Jack & Lorraine Donaghey; Tom & Shirley May: _____

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