

FOUR WAYS TO PLACE YOUR ORDER: Phone, complete your order online, scan & send or mail it to us. Mail: Freepost 140717, PO Box 100688, North Shore Mail, 0745 (no stamp required).

3. DELIVERY ADDRESS

(Use this only if your delivery address is different to your mailing address)

1. YOUR MEMBER NO.										Unit/Flat #		House #	
☐ I am a new member ☐ I am an existing member										Street Name			
										Suburb			
2. MAILING ADDRESS										Town/City		Postcode	
Salutation		Ms		Mrs		Miss		Mr		SPECIAL DELIVERY INSTRUCTIONS (ie. Leave in Garage/Verandah)			
First Name													
Last Name													
Date of Birth		/				/				4. CONTACT DETAILS (please provide at least 2 types of contact details)			
Unit/Flat #				House #				Telephone (home)					
Street Name										Telephone (work)			
Suburb										Mobile			
Town/City				Postcode				Email					

5. GIFT ORDER Tick this box if this is a gift order ☐	Recipient name: _____ Recipient delivery address: _____ _____	Message: _____ _____ _____
	_____	_____

6. ORDER DETAILS

[illegible]

Add up total order value	\$					.
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7. HEADSTART PLAN

START A HEADSTART PLAN AND GET A HEAD START!

By ticking the **red box** below, a HeadStart Plan for 2028 will be created for you and will commence once your 2027 order is fully paid. A HeadStart Plan allows you to make payments towards next year's order, while giving you time to decide exactly which products you want. Chrisco will calculate your 2028 HeadStart Plan payments by using your order value amount from your previous year's order divided by payment frequency, or another specific amount as directed by you. A HeadStart Plan is fully refundable unless and until you convert it to an order or confirm an order placed by Chrisco on your behalf. See Section 5 HeadStart Plan of our full Terms and Conditions: www.chrisco.co.nz/all-terms-and-conditions.html

You can choose to have a HeadStart Plan by ticking the red box here



8. PROMOTIONAL CONSENT (See section 6.3.) *Tick to receive Offers & Promotional Material via*

☐ Email ☐ Phone ☐ Post ☐ Text Message ☐ Yes to ALL ☐ None

9. SIGNATURE REQUIRED

I am 18 years or over. I have read, understand and accept the Terms and Conditions in the Catalogue. Signature required, please print and sign below.

Name _____

Signature _____ Date / /

<<< Please turn to page 74 complete your Direct Debit and payment details

ORDER FORM 75