



UNIVERSITY CO-OPERATIVE BOOKSHOP LTD ORDER FORM

A staff member from The Co-op Bookshop will contact you within 24 hrs to confirm receipt of fax (Monday to Friday). If you are not contacted by The Co-op Bookshop please contact us on (02) 9325 9600.

NAME AND ADDRESS FOR DESPATCH OF BOOKS & FOR OUR RECORDS

Name (please print): _____

Co-op Member No. _____

Address: _____

Postcode: _____

Date: _____ Phone: (w) _____ (h) _____

NOTE: if despatch is to a Post Office Box, please include home address below (for credit card purposes):

Home address: _____

Email: _____

Please supply the undermentioned book/s and charge me the cost plus postage & handling. Co-op membership number must be quoted otherwise discount will not be given. Please visit our website www.coop-bookshop.com.au to check member prices.

Author	Title (plus publisher if possible)	Qty	Member price	Non-member price (RRP)

If you are not already The Co-op Bookshop member and would like to become one, please complete the application form and mail it to:
The Co-op Bookshop
PO Box 54 Broadway NSW 2007
 or fax to: (02) 9212 3372 with this order.
 Alternatively, you can join and place your order online at www.coop-bookshop.com.au

Subtotal \$		
Plus postage & handling* + \$		
Co-op Membership** of \$20 (new members only)	\$20.00	—
TOTAL \$		

*TO CALCULATE POSTAGE & HANDLING USE THIS TABLE					
Number of items	1	2	3	4	5
Postage & handling within Australia	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50

** Terms and conditions apply.
 For details visit www.coop-bookshop.com.au

For orders over \$200 RRP an additional \$1.60 fee for receipted delivery applies.

METHOD OF PAYMENT:

Please charge credit card (please tick): Mastercard Visa Diners AMEX

or Cheque/Money Order enclosed for \$_____ Deposit Ref. No. (if available) _____

Please write your name and address on the back of the cheque and mail it to:
The Co-op Bookshop, PO Box 54 Broadway NSW 2007

Credit Card No.

Card expiry date: _____ Signature: _____

