PO Box 11
Greytown
Wairarapa 5742
New Zealand

Ph/Fax 64 6 304-8446

REGAL ENTERPRISES

ORDER FORM

DATE: _____

NAME: _____

ADDRESS: _____

_____

PHONE: _____ FAX: _____ EMAIL: _____

ITEM #	DESCRIPTION	ITEM PRICE	QTY	TOTAL
			SUBTOTAL	
			POSTAGE AND PACKAGING (Please refer to appropriate section on how to order)	
			TOTAL	

PAYMENT METHOD: q Visa q Mastercard q Bank Draft

Credit Card#

Card Expiry Date: _____ Cardholder's Name: _____

Cardholder's Signature: _____

Delivery: All orders are sent airmail with insurance.

PLEASE NOTE: The items in this catalogue are collectors' figurines, and are not suitable as children's toys.