

USE ONE FORM FOR EACH PRODUCT

If more than one product is purchased, payment should be calculated on only one form.

ORDER ONLINE: www.ice-id.co.nz

ORDER BY FAX: fax form to 09 479 4731

ORDER BY PHONE: call 021 022 04949

ORDER BY MAIL: post to 5A Squirrel Lane,
Browns Bay, 0630



In Case of Emergency Identification

CUSTOMER INFORMATION
DATE: Day / Month / Year
NAME
ADDRESS
SUBURB / CITY / COUNTRY
POSTAL CODE
PHONE NUMBERS Work / Mobile
Email address

SHIP TO: If different from customer information
NAME
ADDRESS
SUBURB / CITY / COUNTRY
POSTAL CODE
PHONE NUMBERS Work / Mobile
Email address

CHOOSE YOUR PRODUCT AND CALCULATE COST

Choose your product and place an X in the item column, **then circle the colour and size you require** (where appropriate). Fill in the price in the right hand column. Choose Priority or Overnight postage and fill in the right hand column. Total up the right hand column to confirm the total cost. GST is inclusive. Please note that all products take up to two weeks to be made up.

PRODUCT	ITEM	PRICE	COST
WRIST ICE		\$45	
WRIST ICE band alone		\$25	
Red Royal Blue Neon yellow Black			
KIDS ICE purple & hearts KIDS ICE black & camo			
Small (kids 3 – 8) Medium (23cm) Large (27cm)			
Extra Large WRIST ICE (black only)		\$45	
ANKLE ICE (black only)		\$45	
SHOE ICE		\$40	
SHOE ICE strap alone		\$20	
Neon yellow Black Royal blue Red			
DOG ICE with chain		\$50	
DOG ICE with key ring clip		\$35	
TAG ALONE		\$35	
TOTAL (BEFORE POSTAGE)			
DISCOUNT CODE:	LESS DISCOUNT:		
ParcelPost Tracked		\$5.50	
TOTAL COST INCLUDING POSTAGE			

PERSONALIZE YOUR ICE ID

Print clearly, one character per space, write in capital letters. You have up to 20 characters per line. Any commas, or spaces between words are treated as a space. You do not need to use all six lines. We encourage you to use the 1st three lines to state your name, city and a contact phone number. If you have any allergies or medical conditions these should be included next. See examples below.

Line 1:																				
Line 2:																				
Line 3:																				
Line 4:																				
Line 5:																				
Line 6:																				

Sample tags

JOHN SMITH BROWNS BAY, NZ HOME 09 123 4567 MOM 09 123 4567 CELL 021 022 1234 UNIMED 12345678	ROBERT HILL NAPIER, NZ WIFE 021 022 1234 HOME 09 123 4567 BLOOD TYPE B + INSULIN DIABETIC	SARAH ANGEL CHRISTCHURCH, NZ HOME 09 123 4567 MOM/DAD 09 123 4567 ALLERGIC PENICILLIN CYCLE SAFE
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PAYMENT INFORMATION mark payment choice with an X

Pay by bank deposit:	
Bank details are as follows: Bank: BNZ Branch: Browns Bay Account No : 02-0120-0085379-097 Use name as reference. Email payment confirmation to orders@ice-id.co.nz	
Pay by Credit Card: Provide all information below. Only Visa and Mastercard accepted. Place a cross in the Visa or Master Card box.	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card Expiry Date: (mm/yy) / /	
Cardholder Name	
Credit Card No.	
CVC No.	Find the Card Verification Code (CVC) number on the back of the card
Signature	

