GROUP ORDER FORM

Date:

Name of Co-ordinator:	Postal Address:	Delivery Address:
Phone:	Fax:	Email:

Group participants:

Name	Business	Phone	Email	No. Strips
			Total number of strips	

Apivar required by: **Date:**_____

Return this form to:

N Z Beeswax Ltd,
44 Gladstone St South,
RD 22,
GERALDINE 7992

Phone: **03 693 9189**
Fax: **03 693 9780**
Email: **info@apivar.co.nz**