

Name/Company: _____

Date: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

PRODUCT	\$	qty	TOTAL	PRODUCT	\$	qty	TOTAL
FACE				LIPS			
Essential Facial Milk	27.00			Peppermint Lip Balm	6.00		
Nourish Facial Milk	27.00			Spearmint Lip Balm	6.00		
Nourish Night Cream 30ml	23.00			Tangerine Lip Balm	6.00		
Nourish Night Cream 50ml	36.00			Natural Lip Balm (unflavoured)	6.00		
Essential Facial Serum	35.00			HAIR			
Nourish Facial Serum	35.00			Lemon Myrtle Shampoo	22.00		
Rosehip & Avocado Facial Oil	20.00			Lemon Myrtle Conditioner	22.00		
Neroli Facial Mist	15.00			Lemon Myrtle Solid Shampoo	10.00		
Field of Flowers Facial Mist	15.00			Hair Conditioning Treatment	25.00		
Gentle Foamy Oat Cleanser 50ml	12.00			HERBAL			
Gentle Foamy Oat Cleanser 150ml	28.00			Chickweed & Plantain Cream	26.00		
Gentle Oat Toner	15.00			Tamanu Shea Herbal Cream	30.00		
Aloe & Oat Shaving Cream (tube)	24.00			Calendula 8 Herbal Balm 10g	10.00		
BODY				Calendula 8 Herbal Balm 30g	18.00		
Avocado Fruit & Aloe Body Lotion	24.00			Tamanu Skin Serum	18.00		
Olive Fruit & Aloe Body Lotion	24.00			SOAPS			
Manoi & Baobab Seed Body Lotion	24.00			Calendula Sunrise	6.50		
Shea Nut & Cocoa Butter Body Cream	24.00			Fitzroy Chai	6.50		
Manoi de Tahiti-Tiare Body Whip	24.00			Goatsmilk & Apricot	6.50		
Shea Tamanu Tummy Butter	23.00			Goatsmilk & Olive	6.50		
Mandarin & Black Pepper Body Oil	27.00			Lavender Bud Castille	6.50		
Damask Rose Body Oil	32.00			Manuka Honey & Jojoba	6.50		
HANDS				Rose Pink Scrub	6.50		
Avocado Fruit Hand Cream	30.00			Spicy Cinnamon & Orange	6.50		
Olive Fruit Hand Cream	30.00						
Manoi & Baobab Seed Hand Cream	30.00						
Cuticle Butter	12.50						
Mandarin Mild Handwash	8.00						
			Subtotal Column 1				Subtotal Column 2
SUBTOTAL (ADD TOGETHER COLUMNS 1 AND 2)							
SHIPPING CHARGE							6.00
TOTAL ORDER							

Payment options

- Direct Deposit:** Account Name: Karen Everest
 BSB: 633-000 Account Number: 131691420
- Cheque:** Payable to: Karen Everest and attach to this order form.
- Credit Card:** Complete credit card details below:

All packages are sent by Australia Post. If you wish to use an alternative courier service please contact: enquiry@luce.com.au

 Visa Mastercard

Credit Card #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry (MM/YY)

Verification #

--	--	--

Name on Card: _____

Signature: _____

MAIL COMPLETED FORM TO:

LUCE Natural Skincare, P O Box 508 Eumundi Q. 4562

FAX COMPLETED FORM (EXCEPT FOR CHEQUE PAYMENTS) TO:

07 5415 1197