



### HLNT Product Order Form

Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Product Description	Qty	Price
HLNT Membership Number: _____	Sub Total	
DVA Card Number _____	Postage & Handling	
NDSS Registration Number _____	Total	

**PLEASE ALLOW 7-10 WORKING DAYS FROM RECEIPT OF ORDER FOR DELIVERY**

Money Order/ Cheque enclosed     MasterCard     Visa

**Credit Card Number**

\_\_\_\_\_

Expiry: \_\_\_ / \_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: \$10.00 to be charged for P & H if the parcel includes HLNT products only and the client does not hold a current Membership with HLNT.**

Order Taken by: \_\_\_\_\_

Order Packed by: \_\_\_\_\_

Order sent: \_\_\_ / \_\_\_ / \_\_\_

**Darwin**  
Shop 1 & 2 Tiwi Place,  
Tiwi NT 0810  
PO Box 40113,  
Casuarina NT 0811  
Phone: 08 8927 8488  
Fax: 08 8927 8515  
E: info@healthylivingnt.org.au

**Alice Springs**  
Jock Nelson Centre,  
7/16 Hartley Street,  
Alice Springs NT 0870  
Phone: 08 8952 8000  
Fax: 08 8952 7000  
E: alicesprings@  
healthylivingnt.org.au

www.healthylivingnt.org.au  
ABN 11 374 693 055

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