

MAGNUS SHIELD ORDER FORM

Name _____

No. of bottles (\$42.95 each) please add \$9.95 to total for postage

Address _____

City, State _____

Postal code _____

Method of Payment

Visa

Cheque/ MO: Please make payable to Graminex Australia

Mastercard

Bankcard

Credit Card# _____

Exp. date _____

Signature _____

GRAMINEX AUSTRALIA PTY LTD

WWW.MAGNUSPRIME.COM

Phone: 1300 360 289

Yes, please send me my FREE report
"9 ways to improve your prostate health"

Please fill in your particulars and mail to:

Graminex Australia Pty Ltd

P.O. Box 910,

South Melbourne, VIC 3205

Phone _____

Fax _____

E-mail _____