

foreseechange

forecasting and futures consultants  
foreseechange pty ltd acn 094 521 614



**Consumer Pulse**  
**Order Form (includes four quarterly updates)**

|                         |  |
|-------------------------|--|
| <b>Name</b>             |  |
| <b>Position Title</b>   |  |
| <b>Organisation</b>     |  |
| <b>Postal Address</b>   |  |
| <b>Email Address</b>    |  |
| <b>Telephone Number</b> |  |

The cost is \$200.00 (Australian dollars, includes 10% GST).

I wish to pay by:

|                          |                                                    |
|--------------------------|----------------------------------------------------|
| <input type="checkbox"/> | Cheque enclosed (payable to foreseechange pty ltd) |
|--------------------------|----------------------------------------------------|

|                          |            |
|--------------------------|------------|
| <input type="checkbox"/> | Mastercard |
|--------------------------|------------|

|                          |      |
|--------------------------|------|
| <input type="checkbox"/> | Visa |
|--------------------------|------|

|                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Account Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

|                   |                      |
|-------------------|----------------------|
| Cardholder's Name | <input type="text"/> |
|-------------------|----------------------|

Card valid until  mm  yy

Cardholder's signature: \_\_\_\_\_

|                                                                                                     |                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------|
| Mail this form to:<br><b>foreseechange</b><br>PO Box 401<br>Brunswick<br>Victoria 3056<br>Australia | Or send by fax to:<br><br>(03) 9686 4489 |
|-----------------------------------------------------------------------------------------------------|------------------------------------------|

We will supply a tax receipt.