

ORDER FORM

PHOTOCOPY THIS PAGE, WRITE DOWN YOUR ORDER AND FAX IT TO: **XX XXXXXXX**

INVOICE TO: Company Name: Contact Name: Phone No: Fax No: Your Order No: Date of Order:		DELIVER TO: Attention to: Delivery Address: Date:	
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PRODUCT LIST PAGE NUMBER	PRODUCT CODE	PRODUCT DESCRIPTION	UNIT OF MEASURE	ORDER QTY	UNIT PRICE EXC GST	TOTAL PRICE EXC GST

Thank you for your investment We value the opportunity to serve you	FREIGHT	
	SUB TOTAL	
	GST	
	TOTAL INVESTMENT	

DIRECT DEPOSIT ACCOUNT DETAILS:
PLEASE USE THE FOLLOWING IF YOU PREFER DIRECT DEBIT:
BSB: 0000 - 000 ACCOUNT: 1111 - 11111
PLEASE FAX REMITTANCE TO XXX XXXX

If paying by cheque, please forward payment to:
XXXXXXX XXXXXXXXXXXX 0000
(Please make cheque payable to: XXXXXXXXXXXX)

   Expiry: _____

Credit Card No: _____

Cardholder's Signature: _____

SPECIAL INSTRUCTIONS:

DELIVERY REQUIRED BY: _____

Authorised Signature: _____