CUSTOMER FAX ORDER FORM

ABN # 31064861481

Date: / /

Customer Details	**Delivery Details: PICK UP ( ) DELIVERY ( )**
Company:	Company:
Name:	Name:
Address:	Address:
Phone:	Contact Person:
Email:	Phone:

Item #	Description	Qty	Unit Price	Total

PAYMENT TYPE

CREDIT CARD ( ) CHEQUE ( ) CASH ( ) DIRECT DEPOSIT ( )

CREDIT CARD TYPE: VISA ( ) MASTERCARD ( )

FULL NAME ON CARD:

CREDIT CARD NUMBER:

EXPIRY DATE:

POSTAGE	
SALE AMOUNT	
GST	
TOTAL INC GST	

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