



## ORDER FORM

Please fax your order form to 5967 3996

We will contact you to organise payment and delivery

|  |  |
|--|--|
| NAME   |  |
| COMPANY  |  |
| INVOICE ADDRESS  |  |
| DELIVERY ADDRESS   |  |
| TEL NO/MOBILE  |  |
| PURCHASE ORDER NO  |  |
| PAYMENT METHOD<br>i.e. Account, Mastercard, Visa,<br>Bankcard, COD, Cash, Cheque |  |

Type in your order details below for a quick calculation

| QUANTITY           | ITEM | UNIT PRICE | TOTAL         |
|--------------------|------|------------|---------------|
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
|                    |      |            | \$0.00        |
| <b>TOTAL ORDER</b> |      |            | <b>\$0.00</b> |