

# STOCK ORDER FORM

PHOTO COPY AND THEN FAX

## 1. PLEASE SUPPLY THESE ITEMS:

Product Code	Description	Quantity	Size	Material	Unit Price	Total Price

## 2. INVOICE TO:

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Trading As: \_\_\_\_\_ A.B.N. \_\_\_\_\_

Attention: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Mobile: \_\_\_\_\_

Order No. \_\_\_\_\_

Invoice Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## 3. PREFERRED PAYMENT OPTIONS:

- Cheque before delivery
  - 7 Day Invoice (Official P/O Required)
  - Account Customer
  - Direct deposit (EFT into our Bank account then fax us receipted deposit slip)
  - Credit Card  Visa  Bankcard  Mastercard
- Name on card: \_\_\_\_\_  
Account No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_\_

\*Delivery & Handling \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

10% GST \$ \_\_\_\_\_

Total (Including GST) \$ \_\_\_\_\_

Delivery Charges may apply\*