

Company/Dept Name: _____ Customer No:

Order No: _____ Contact Name: _____

Delivery Address: _____

Phone No: () _____ Date: _____

Method of Payment: Visa Bank Card/Master Card Charge to Account

Credit Card No: Name on Credit Card: _____

Expiry Date: / Signature: _____

	Product Code (7 or 8 digits*)	Product Description	Quantity	Unit	Price (GST excl.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

* 8 digit product codes apply to selected furniture items only.