ORDER FORM

Trading Name:.....

Delivery Address:.....

.....State:.....P/Code:.....

Contact Name:.....Phone:.....

Date:...../...../.....

Order #.....

Order Taken By:..... Time:.....

SIGN VINYLS • DECORATIVE GLASS FILMS • WINDOW FILM

PRODUCT CODE	PRODUCT DESCRIPTION	ROLL WIDTH	LINEAL METRES	TOTAL QUANTITY

EMAIL ORDERS TO: sales@gtsfilms.com.au

FREECALL
1800 084 220

FREEFAX
1800 085 020

√ Tick if Applicable

☐ ***Courier***

☐ GoLo Morning

☐ GoLo Afternoon

☐ Direct Freight X

☐ Australia Post

Con-note #

.....

☐ ***Pick Up***

☐ ***Customer Courier***

☐ ***Leave at Door***
(Authorised by Client)

SPECIAL INSTRUCTIONS:

Payment Method:

☐ Cash ☐ Credit Card ☐ Cheque ☐ Direct Deposit

☐ Send Invoice with Goods ☐ Send Packing Slip only with Goods ☐ Account Customer (Authorised Only)

Is Credit Card on File? ☐ **Yes** ☐ **No** ***Keep it on File?*** ☐ **Yes** ☐ **No**

Card Type:.....Card #.....

Exp Date:.....Cardholder:.....