

ORDER FORM

FREEFAX
1800 085 020



Trading Name:.....

Delivery Address:.....

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

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

Date:.....

Order #

Order Taken By:.....

Time:.....

WHOLE ROLL ORDERS			PRE-CUT & PART ROLL ORDERS				
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QUANTITY	STOCK NUMBER OR FILM CODE	ROLL SIZE	WINDOW WIDTH	WINDOW HEIGHT	NUMBER OF PANES	TOTAL FILM SQT/M	FILM BATCH NUMBER

TOTAL PRE-CUT QUANTITY

SPECIAL INSTRUCTIONS:

Courier:..... Pick-Up Order

Con-note #:..... Customer Courier

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:.....
