INDUSTROQUIP SAFETY SOLUTIONS

PRIORITY ORDER FORM

(Please photocopy for future use)

Company Name: _____ Date: _____

Contact Name: _____ Order No: _____

Invoice Address: _____

_____

_____

Phone: _____

Fax: _____

Delivery Address: _____

_____

_____

Delivery Date Required: / /

Attn: _____ Ph: _____

Freight Company: _____ A/C# _____

ORDER DETAILS

CODE	DESCRIPTION OF GOODS	QTY	EA PAIR BOX CARTON	SIZE	COLOUR	UNIT PRICE	TOTAL PRICE (EXC. GST)

FREIGHT	
SUB-TOTAL	
GST	
TOTAL	

Returns may incur a re-stocking fee.

Payment Details

- ☐ Charge to my 30 day account
- ☐ I wish to pay Direct Credit - please advise me of **Industroquip's** bank details
- ☐ Please charge my credit card: ☐ Visa ☐ Mastercard ☐ Bankcard

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp Date ☐☐/☐☐

Card holder's name _____ Signature _____

THANK YOU - WE APPRECIATE YOUR BUSINESS

Please call, mail or fax your order to:

INDUSTROQUIP QLD
6 Inglis Crt
Bundaberg QLD 4670
Ph: (07) 4150 8400
Fax: (07) 4150 8411
Email: sales@industroquipqld.com.au

INDUSTROQUIP NSW
58 Gardiners Rd
Rutherford NSW 2320
Ph: (02) 4932 0032
Fax: (02) 4932 9388
Email: sales@industroquip.com.au