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ORDER FORM

CUSTOMER COPY

Invoice to: _____

Postcode: _____
Telephone: _____
Fax: _____

Deliver to: _____

Postcode: _____
Telephone: _____
Fax: _____

Customer Reference: _____
Order Date: _____
SO No: _____ Agent: _____

Payment Terms: _____
Delivery Date: _____ Book in Ref: _____
Own Order No: _____ Ordered By: _____

CODE	ITEM DESCRIPTION	No.Ctns	Qty / Ctn	Unit Price	Ctn Cost	Line Value
					TOTAL	

SPECIAL REQUESTS / COMMENTS

Order taken by:

Order confirmed & accepted by:

for and behalf of customer

Full Terms & Conditions of sale are on the reverse of this order form