

ORDER FORM

- * PLEASE FILL OUT AND SUBMIT OR PRINT AND FAX TO 9252 9448.
- * PLEASE NOTE THIS FORM NEEDS TO BE IN AT LEAST 2 DAYS (3PM) PRIOR FROM THE DATE OF PICK UP/DELIVERY.
- * PLEASE RING 9241 2050 FOR NEXT DAY ORDERS.

CUSTOMER NAME:

CONTACT NUMBER:

* PLEASE FILL ONE SECTION ONLY

<u>PICK UP</u>	<u>DELIVERY</u>
DATE: TIME:	DATE: TIME: (MUST BE BEFORE AM) DEL ADDRESS: (PLEASE NOTE THERE MAY BE A DELIVERY CHARGE)

ITEM:

<u>QTY</u>	<u>SIZE</u>	<u>ITEM</u>	<u>NOTES</u>

PAYMENT OPTION:

* PLEASE FILL ONE SECTION ONLY

* PAY UPON PICK UP/DELIVERY

METHOD:

* ACCOUNT (EXISTING CUSTOMERS ONLY)

COMPANY NAME:

* OTHER

METHOD:

THANK YOU !!!