



**ORDER FORM**  
**PLEASE FAX TO: (03) 9553 0655**

**BILLING/DELIVERY INFORMATION**

Company / Organisation Name: \_\_\_\_\_

ABN NUMBER (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Customer to collect: Yes / No

Delivery required (charges apply): Yes / No

Postal address:

Delivery address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ORDER INFORMATION**

Date Required: \_\_\_\_\_

Quote / Sales Order Number: \_\_\_\_\_  
*If you have already received a Quotation/Sales Order, please write above.  
 Please write any amendments (if applicable) in the space below.*

Order Details / Amendment Details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

**PAYMENT INFORMATION**

**Please select one:**

**Option 1 – 30% Deposit to commence order**

**Option 2 – Payment in full to commence order**

**CREDIT CARD PAYMENT AUTHORITY**

Please charge my: Visa / Mastercard Amount: \$ \_\_\_\_\_

CC Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ *I agree to pay the above amount according to card issuer agreement.*

or **Pay direct into our account:** INSTANT SHADE PTY LTD (National Australia Bank)  
 BSB No: 083 155  
 Acct No: 532 777 363

or **Cheques made payable to:** INSTANT SHADE PTY LTD

TERMS ARE STRICTLY C.OD. PRIOR TO DISPATCH / RECEIPT OF GOODS UNLESS OTHERWISE SPECIFIED

**AUTHORISATION TO PROCEED WITH ORDER**

I/We hereby authorise you to proceed with the above mentioned order and agree to settle any outstanding balance prior to dispatch / receipt of goods. All goods remain property of Instant Shade Pty Ltd until paid for in full.

**Authorised by** (signature) \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_