

**CUSTOMER ORDER FORM**

a division of



ABN 99 026 534 389

**DATE** .....

**CUSTOMER DETAILS:**

Company Name .....  
Contact Name .....  
Address .....  
Phone ..... Fax .....

**DETAILS OF CUSTOMER ORDER**

PERFORATION:       Pinpoint       No. 4       Diamond  
 OTHER (please specify)  
.....  
.....  
.....

**DETAILS OF CUSTOMER SUPPLIED FABRIC / MATERIAL**

LEATHER HIDE(S)      QUANTITY: .....  
 VINYL      QUANTITY: .....  
 OTHER (please specify below):      QUANTITY: .....  
.....

**DELIVERY REQUIREMENTS**

URGENT (surcharge applicable)      Date required by:.....  
 NON-URGENT (minimum 2 days for delivery)      Date required by:.....  
 Pick-up       Regular Post       Express Post       Courier

**CUSTOMER NAME (print):** .....      **SIGNATURE:** .....