Fax Order Form

Premier Workplace Solutions

Fax: 1300 76 44 88
Phone: 1300 76 44 77
Email: sales@pwsonline.com.au

Invoice to

Company:.....

Address:.....

Suburb:.....

State:..... Post Code:.....

Name:.....

Position:.....

Phone:..... Fax:.....

Email:.....

Purchase Order No: .....

Signature:.....

Date:.....

Deliver to

Company:.....

Address:.....

Suburb:.....

State:..... Post Code:.....

Attention:.....

Phone:..... Fax:.....

❑ Please deliver by PWS courier - charges apply

❑ Please use our courier:.....

Account No:.....

Purchase order number will be displayed on all delivery dockets where quoted.

Please supply

Code Number	Description	Colour	Quantity	Unit Value	Extended Value
				Freight Charge	
				Total Value	

VISA MasterCard AMERICAN EXPRESS

Easy payment

❑ Please bill our existing account (Net 30 days) ❑ Please open a 30 day account for us (subject to credit application)

❑ Electronic funds transfer (EFT) - please advise details

❑ Please charge my credit card..... ❑ Visa ❑ Mastercard ❑ American Express

Card No..... Expiry Date.....

Name on Card..... Card Holder's Signature.....