

ORDER FORM



SHIPPING ADDRESS:

FACT 1B - 52 RON PARKINSON CRESCENT
BELLS CREEK QLD 4551 AUSTRALIA

(PLEASE PRINT & FILL IN YOUR INFORMATION - TO BE SENT WITH YOUR JOB)

CUSTOMER / RETURN DETAILS

DATE _____ BUSINESS NAME / NAME _____

UNIT / STREET NO. _____ STREET NAME _____

SUBURB / TOWN _____ POST CODE _____

PHONE _____ EMAIL _____

JOB DETAILS / INFORMATION

MAKE _____ MODEL _____ YEAR _____

WORK REQUESTED / JOB # (IF QUOTED) _____

PARTS REQUIRED _____

OTHER INFORMATION _____

PAYMENT (CHOOSE ONE)

CREDIT CARD (VISA/MASTERCARD)

DIRECT DEPOSIT

CARD # _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

EXP.DATE _ _ / _ _

CCV. _ _ _

NO JOBS WILL LEAVE UNTIL PAID IN FULL
ALL PARCELS WILL LEAVE VIA AUS POST OR TNT THE MOST COST-EFFECTIVE WAY
UNLESS OTHERWISE REQUESTED