



INSTANT SHADE
UMBRELLAS



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 _____