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Order Number	Order Date	Customer No.		
Sale Rep	Entered	Ву		
Your Reference				

Special Item Order Form

Fax: +61 3 8592 1962 Email: sales@eurofit.com.au Website: sales@eurofit.com.au A.B.N: 25106455369

Bill To: Ship To:

Company	Name
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Delivery	Aaaress
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ItemCode	Item Description		Qua	antity	UoM	Price	Tota
					EA		
					EA		
					EA		
					EA		
			Order Subtotal:				
Payment Term			Total Before Tax:				
Freight		Shipping Type:	Total Tax Amount:				
			Total Amount:				

EXPECTED DELIVERY: _____days from your acceptance.

Prices quoted are valid for 14 days only and are subject to acceptance. The unit prices and the total value set out in this quotation are based on all items and in the quoted quantities being ordered; unit prices may vary if these are altered.

The items on this order form are not stocked. Once your acceptance is received, the items will be ordered from our supplier on your behalf. Your order cannot be canceled or changed once our purchase order is placed with our supplier. Except where the items are damaged or faulty, as notified to us in writing within 48 hours of delivery and as confirmed by us, the items are not returnable.

Customer Name:	Date:	
Customer Signature:		

*Please sign and return to sales@eurofit.com.au

*****Remarks****

How to Pay

By Mail: Please mail your cheque payable to: 47 Permas Way Turganina Vic 3029 By Internet: Bank: Commonwealth Bank BSB: 063 240 Account No: 1039 3419 Reference: Invoice No or

By Credit Card: We accept Visa, Mastercard, EFTPOS Surcharge 1.1% and 0.5% apply for credit card and debit card payment respectively RETURN & CREDIT POLICY ALL CLAIMS MUST BE MADE 7 DAYS FROM RECEIPT OF GOODS. RESTOCKING FEE OF 20% IS APPLIED FOR ALL