



# ORDER FORM

## DELIVERY DETAILS

NAME: \_\_\_\_\_

PHONE/MOBILE NUMBER: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

RESIDENTIAL DELIVERY - You will receive a phone call day before delivery.

BUSINESS DELIVERY - No phone call required, please provide your business hours: \_\_\_\_\_ am \_\_\_\_\_ pm

Business Name: \_\_\_\_\_

## INVOICE DETAILS

NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## PAYMENT

VISA

MASTERCARD

EXPIRY DATE:   /   NAME ON CARD: \_\_\_\_\_

REQUEST PRO-FORMA INVOICE FOR E.F.T. PAYMENT  BY FAX  BY EMAIL

MONEY ORDER Please make payable to Carlex Pty Ltd.

CHEQUES Please make payable to Carlex Pty Ltd.  
ADD 7 Days Extra to Delivery Time.

