Customer Order Form

Email: orders@walkerceramics.com.au

Fax: 03 8761 6344

Page	of	pages	Date	/	/
, apc		pages	D ate	/	/



Contact Name			Is a Quote Required? YES / NO	
Account Name			Delivery Address	
Account No.				
Purchase Order No.				
Invoice Address:				
Telephone				
Email				Preferred Carrier
				T
FREIGHT PAYABLE BY:				Freight Account No.
PAYMENT: Credit Ca	ard Over Phone /	EFT / 30 Day Acc	count (on	ly if previously approved)
Comments / Special Ins	structions:			
	Γ		T	
ITEM CODE QTY SIZE			DESCRIPTION	
			1	
	1		I	

5 McLellan Street Bayswater Vic 3153 Telephone: 03 8761 6322 Fax: 03 8761 6344 Website: www.walkerceramics.com.au Email: orders@walkerceramics.com.au

Customer Order Form

Email: <u>orders@walkerceramics.com.au</u>

Fax: 03 8761 6344 Page ____ of ___ pages



ITEM CODE	QTY	SIZE	DESCRIPTION		
OFFICE USE ONLY					
FREIGHT ESTIMATE: QUOTED YES / NO					
RECEIVED DATE:					
ENTERED BY:					
ENTERED DATE:					
SALES ORDER NO:					

5 McLellan Street Bayswater Vic 3153 Telephone: 03 8761 6322 Fax: 03 8761 6344 Website: www.walkerceramics.com.au Email: orders@walkerceramics.com.au