

Fax Order Form

Date:

Customer Details

Company Name:	<input type="text"/>	ABN:	<input type="text"/>
Contact Person:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	PO #:	<input type="text"/>
Billing Address	Shipping Address:		Same as Billing Address: <input type="checkbox"/>
Street Address:	<input type="text"/>	Street Address:	<input type="text"/>
Suburb:	<input type="text"/>	Suburb:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>
		State:	<input type="text"/>
		Postcode:	<input type="text"/>

Products/Services

Product Code	Description	Qty	Price	Total INC GST
			Subtotal	
			Shipping	
			Grand Total	

I agreed terms and conditions
 For terms and conditions please visit www.poscentral.co.au

How To Order



Fax
1800 44 84 36



Email
sales@poscentral.com.au




Phone
1300 590 094



Online
PoSCentral.com.au

Payment Details

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Bank Transfer
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> Master
Card Holder Name:	<input type="text"/>
Card Number:	<input type="text"/>
Expiry Date:	Month: <input type="text"/> Year: <input type="text"/>
 Signature:	<input type="text"/>
	POS Central ANZ Bank 012478 Name: 283284575 BSB #: Account #: