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PRODUCT ORDER FORM

					Order	No.:	
DELIVERY/INVOICE ADDRESS:				Date:			
Contact:							
					ntry:		
Tel:	1	Fax:		Email:			
Code No.	Description			Col code	Qnty	Cost/Item	Total cost
E.g.BRML097	Millennium bracelet, 4 rov	VS		413	5	ŞXXX.XX	ŞX,XXX.XX

Please refer to our catalogue for all product and colour codes

I have read and accepted your terms and conditions of sale and agree to the terms of payment for the items listed above. GST / Tax / Duty: _____

Freight: _____

Sub-total: _____

Order Total: _____

DEPOSIT: _____ TERMS: _____

Signature: _____

Printed Name: _____

Delivery Date: _____