Candlelite Order Form

Fax Orders To: **02 9677 0388 or 02 9677 9666**
(Secure fax line)

Full Name: Mr / Mrs / Ms _____ Position: _____

Name of Organisation: _____

Address for Delivery: _____
(PO Box not accepted unless prior arrangements are made)

City: _____ State _____ P/Code _____

Phone: ( ) _____ Fax: ( ) _____ Mobile: _____

Email: _____ Web Site: _____

Please write the Qty, Item code and Description of each product you require. If the product you are ordering is available in multiple colours then please make sure that you also write the colour you need in the column provided.

Qty	Item Code	Description	Colour	Price each (GST Inc)	Total $ (GST Inc)

Orders with logo printing may require a 10% deposit to proceed. Please contact us for more details.

If you are paying via credit card we will contact you to confirm the freight cost before we charge your card. The freight cost is determined by the weight & size of your order and your location. Please contact our office if you require more info.

We will contact you to confirm your order within 24 hours of receiving your fax.
If you do not hear from us please call our office to make sure we have received your order.

Sub Total $_____

Freight (TBA) $_____

Total Due $_____
(GST included)

Please advise what date your order is required by: _____/ _____ / _____

Special Delivery Instructions: _____

Please circle the preferred method of payment:

Payment Method: Credit Card / Direct Deposit / EFT / Money Order / Cheque / Account

If paying by credit card please provide: Card No. _____

Expiry Date _____/_____ **CCV#**_____ **(last 3 numbers on the back of the card)**

Name on Card _____ **Signature**_____

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