

# ORDER FORM

**PLEASE FILL OUT THE ORDER FORM BELOW**

### CUSTOMER DETAILS (HIRER)

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

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

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**DELIVERY ADDRESS** *(Please tick the preferred method)*

Same as Billing Address ☐      Different (fill in below) ☐

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

Delivery Address: \_\_\_\_\_

**PRODUCT ORDER** (All prices include GST)[illegible]**DELIVERY METHOD** *(Please tick the preferred method)*

Pick-up ☐      Delivery (Charges apply) ☐

**\* PLEASE NOTE:** Freight charges are not included in this total we will calculate freight and contact you to confirm prior to shipping

**METHOD OF PAYMENT** (Please tick appropriate method and fill in the details)

Cash Payment ☐

Direct Bank Transfer ☐ **Frameless Direct PTY LTD**  
BSB: **063 184** Account No: **1029 8962 (Commonwealth Bank)**

Credit Card Payment ☐ VISA ☐ MASTERCARD

Cardholder Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Card Expiry: \_\_\_\_ / \_\_\_\_

Card Verification No: \_\_\_\_/\_\_\_\_

**THANK-YOU FOR YOUR ORDER.**

**Please note that all orders require a minimum of 24 hours, and must be paid prior to pick up or delivery unless prior arrangements are made**