

Customer Order Form

PLEASE FAX YOUR ORDER TO 03 9783 2945



Business Name	
Contact	
Phone Number	
Date	

Order taken by

Order No./Rego

Picking Slip Number

Invoice Number.....

Transport Company.....

Con Note No.....

Dispatch date

Vehicle Brand	Vehicle Model
Year of vehicle	Engine Size

Pieces _____ Weight _____ kgs Cubic _____ m3

Sedan	<input type="checkbox"/>	4WD	<input type="checkbox"/>
Wagon	<input type="checkbox"/>	Van	<input type="checkbox"/>
Ute	<input type="checkbox"/>	Tray	<input type="checkbox"/>
		Dual cab ute	<input type="checkbox"/>

Eurogas Premium	<input type="checkbox"/>
Eurogas Standard	<input type="checkbox"/>
Emer Select	<input type="checkbox"/>
JTG – Liquid (Full kit)	<input type="checkbox"/>

Parts	<input type="checkbox"/>
Under Bonnet kit	<input type="checkbox"/>
Full kit	<input type="checkbox"/>

Tank location In boot Under rear In tray In tub Mid mount

Tank type Cylinder External donut Internal donut Manifold Twin tanks

Dimension

Special requests by customer:

Other parts requested by customer:

1. 5.
2. 6.
3. 7.
4. 8.

Order confirmed with customer

Quality Form W1