THS
TOTAL HEIGHT SAFETY

REQUEST FOR QUOTE / ORDER

Date___/___/____

Name ______________________________ Sales Order No. ______________

INVOICE Address __________________________ Your Order No. ______________

______________________________ P/Code ________

Phone ______________ (BH) ______________ (AH)

Contact ______________ Fax ______________ Signature ______________

CODE No	DESCRIPTION	QTY	UNIT PRICE	TOTAL
METHOD OF SHIPPING :	**ACCOUNT No :**		**FREIGHT**	
DELIVERY ADDRESS :			**TOTAL**	

Tick one:

Cheque/Money Order for $_______________enclosed

Please Charge my card

☐ **Bankcard,** ☐ **Visa,** ☐ **Mastercard,** ☐ **American Express**

Expiry Date ____/____/____

Card No |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Signed ______________________________

*** Freight/ Shipping Costs**
Goods will be sent by surface post unless otherwise requested.
All shipping costs are payable by the customer.
Please call us if you require a quote on postage or freight.

Ph: (02) 9966 9070, Fax (02) 9966 9071
All Mail to: P.O. Box 230 Milsons Point, 1565
email: sales@ths.com.au Internet: http://www.ths.com.au

REQ Order form.eps