PURCHASE ORDER FOR LABEL LINE

ADD YOUR COMPANY LOGO (OPTIONAL)

PURCHASE ORDER LABEL SHEETS

					DATE OF ORDER:			
				DATE REQUIRED: PURCHASE ORDER NO:				
					1 ORG	TIASE GROEK NO		
BILL TO Att: Name:				SHIP TO	SAME AS BILLING ADDRESS			
				Att: Name:				
Company Name:				Company Name:				
Address:				Address:				
Suburb: Postcode:				Suburb: Postcode:				
Phone:				Phone:				
Email:				Email: _				
SHIPPING METHOD		SHIPPING TERMS	PAYM	ENT				
		COD				REFER TO PRICE LIST		
ITEM CODE	DESCRIPTION		STOCK TYPE		QTY (BOX)	UNIT PRICE	TOTAL	
DEMARKS / INV	STRUCTIONS					SUBTOTAL		
				EFER TO PRICE LIST SHIPPING/HANDLING SHIPPING COST				
			(FC	JK SHIPPI	NG COST	GST		
						TOTAL		
PAYMENT VIA	CREDIT CARD		<u>-</u>	AVACALE	DECEIDE	DIRECT D		
□ Visa □ Mastercard □ AMEX +1.5% charge			 	PAYMENT RECEIPT WILL BE DELIVERED WITH GOODS		Account Name: Label Line P/L BSB: 013 223 Account No: 334 199 101		
Card #:/ / /					REMITTANCE ADVICE			
Expiry:/ Contact:				Ph: Please email remittance to: info@labelline.com				