CRS corporateapparel

www.crscorporate.com.au

T: 0411 447 204

E: info@crscorporate.com.au

Order Form Date: / /

Company Name: Purchase Order No:

Order Placed By: Contact Telephone:

Billing Address: Delivery Address:

Style No.	Description	Colour	Size	Qty	Price	Total	Emb

Payment Method (Please tick)

Sub Total	
Freight	
10% GST	
Grand Total	

☐ **Credit Card:** (Please Circle) Visa Mastercard Amex

Credit Card Payments Incur a 2.2% Surcharge

Card No : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Exp : _ _ / _ _ CCV : _ _ _

Name On Card _____

Signature : _____

☐ **Cheque:** All Cheques made payable to: **Flying High Group**

☐ **Direct Deposit:** BSB: **062 622** Account Number: **1054 3759**
Bank: **Commonwealth** Account Name: **Flying High Group**

(Please put your Invoice Number or Company Name as the reference so that we can trace the payment)

Client to sign:

I accept this order and certify that the above information is true and correct. We wish to proceed with the above order.

Signed: ..... **Name:** ..... **Date:** .....