

Once you complete this form, please email to safety@safetynetsaustralia.com.au.

An invoice will be sent out and your order will only commence upon deposit payment.

ORDER DATE:		ORDER RECEIVED OFFICE USE ONLY	PAYMENT RECEIVED	ORDER RELEASED
CUSTOMER'S NAME:				
CUSTOMER'S ADDRESS:				
SITE ADDRESS:				
CONTACT NAME:				
CONTACT PHONE NO:				
EMAIL:				
PURCHASE ORDER NO:				
DELIVERY METHOD:	DELIVERY TO SITE:	TO BE COLLECT BY :		

SAFETY NETS	PROTECTION NETTING	FIXING DEVICES	
ITEM	SIZE	QUANTITY	PRICE \$
Other details:	FREIGHT CHARGES Enter Location \$	Sub Total	\$
		GST	\$
		Total	\$

REMITTANCE ADVICE	
Tax invoice No.	Amount inc gst
	\$
BY CREDIT CARD*: PLEASE SELECT	
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>
*Merchant fee applies approximately between 1.8%-2.2%	
____/____/____/____	Expiry ____/____
CCV _____ (3 digit number on back of credit Card)	
Name on card	
Signature	
FOR ONLINE TRANSFER BANK NAB	
BSB No:082167 Account No: 860176882	
All Correspondence :	
Safety Nets Australia Pty Ltd PO Box 4053 Strathfield South NSW 2136 Email: safety@safetynetsaustralia.com.au Phone: 0412 285603 Fax:02 9703 5810	

Condition of Sale

1. Customer means the person or company name appears on this order form.
2. I/we can confirm that I have read and understood the transaction.
3. I/we confirm that the size of the Nets nominated in this order are correct and final.
4. I/we understand that SNA will accept any returns of the unused product and no refunds will be made unless it is damaged material
5. **Deposit of 30%** as part of the invoice for order to commence.
6. Balance be paid prior to delivery.
7. Delivery date will be available upon request.
8. Safety Nets must be installed by trained and competent personnel and follow safe practices.
9. Certificate of conformity will not be issued until full payment is made.
10. Goods remain to the property of Safety Net Aust. Pty Ltd until paid for and authority is provided to collect for unpaid goods.
11. Claimed under the Building and Constructions Industry Security Act 1999

Full Name in Block Letters

Signature _____ **Date** _____

Requested Delivery/Pickup Date _____ (To be confirmed SNA)

Please use this extra page for additional information
Dimensions / Special Instructions

Size

Add Overlay Mesh/ Type:

