

Order Form

Once you complete this form, please email to Sales@safetynetsaustralia.com.au An invoice will be sent out and your order will only commence upon deposit payment.

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ORDER DATE:		ORDER RECEIVED OFFICE USE ONLY		PAYMENT RECEIVED		ORDER	ORDER RELEASED	
CUSTOMER'S NAME:								
CUSTOMER'S ADDRESS:								
SITE ADDRESS:								
CONTACT NAME:								
CONTACT PHONE NO:								
EMAIL:								
PURCHASE ORDER NO:								
DELIVERY METHOD:	DELIVERY T	O SITE	SITE: TO B		E COLLECT BY :			
SAFETY NETS	PROTECTION NETTING				FIXING DEVICES			
ITEM			SIZE		QUANTITY PRICE		RICE \$	
Delivery or other details:		FREIGHT CHARGES Enter Delivery Location		ΞS	Sub Tot	al \$		
		Enter Charges		Hotal	\$			
Please use this extra space for additional information / Please send All Correspondence to Safety Nets Australia P PO Box 4053 Strathfield	1. Customer n order form. 2. I/we can co 3. I/we confirmed and 4. I/we understood and 5. Deposit of 6. Balance be 7. Delivery da 8. Safety Netstood and follow 9. Certificate of made. 10. Goods repaid for and a 11. Claimed to Act 1999	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						
Email: safety@safetynets Phone: 0412 285 603		Requested Delivery/Pickup Date (To be confirmed SNA)						