

ORDER FORM



CUSTOMER DETAILS

Order placed by: _____ Date: _____

Company: _____ Purchase order #: _____

Telephone: _____ Email: _____

Address: _____

_____ ABN: _____

ORDER DETAILS

| Item code | Item name | Quantity | Pack sizes | Due date |
|-----------|-----------|----------|------------|----------|
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DELIVERY DETAILS

Company: _____

Delivery address: _____

City: _____ State: _____ Postcode: _____

Special delivery instructions: _____

PAYMENT DETAILS

Direct Debit:

AUS Cosmetics Pty Ltd - Account number: 270 404 - BSB: 032 052

RETURN FORM TO

Email: orders@auscosmetics.com.au

Post: PO Box 2502 Taren Point NSW 2229 Australia

OFFICE USE ONLY:

Received by: _____

Date received: _____

Other info: _____

Please allow 6–12 weeks for completion. Contact us for a closer delivery date.