Order Form

PHONE: 07 3391 5433
FAX: 07 3891 5143
110 Logan Road, Wooloongabba Q

www.sof.com.au
email: info@sof.com.au

Shepherds Office Furniture

Name: .....

.....

Address: .....

.....Postcode: .....

Phone: .....

Fax: .....

Delivery Address: .....

.....

.....Postcode: .....

Contact Name: .....

Date: .....

Purchase Order No: .....

ITEM No.	COLOUR	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

NB: A packing fee may apply for goods forwarded.
Payment by Credit Card.

Delivery Charge (Subject to Suburb)

C.O.D. TOTAL

☐ Matercard ☐ Bankcard ☐ Visa ☐ Other .....

Expiry Date ..... Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Holder's Name (please print) .....

Card Holder's Signature .....