

DENTS GLOVES PTY LTD - Order Form

ABN: 64 000 844 477

Invoice to: _____

Order Date: _____

Address: _____

Delivery Date: _____
(not before March 2010)

Dents Account No: _____
(if applicable)

State: _____ P/Code: _____

ARL / Frontline Member No: _____
(if applicable)

Post to: DENTS GLOVES PTY LTD, PO BOX 30, SURRY HILLS, NSW , 2010

Email to: dents@dents.com.au

Fax to: (02) 9698 3005 or (03) 9824 4461

Table with 17 columns: STYLE, COLOUR, Kids Hats (44-58), Adult Hats (55-63), Rainwear (2-18), Gloves (6½-11), Unisex (XS-L/XL), BXD ASST OR ONE SIZE, QTY, UNIT COST, TOTAL \$

SUB-TOTAL

* FOR ORDERS OVER \$500 (excluding GST) DELIVERY IS F.I.S.

FREIGHT CHARGE *

PLUS 10% G.S.T.

* FOR ORDERS UNDER \$500 (excluding GST) A HANDLING FEE OF \$20.00 (excluding GST) WILL BE CHARGED.

TOTAL VALUE