



OrderForm

A division of itX Group Limited
 ABN 77 107 656 833

Date:
Purchase Order #

Purchaser's Trading Name: (Bill to)	Ship To:
Customer Code / ABN:	Name:
Address:	Street Address:
Invoice/Statement Email:	
Phone: Fax:	Phone:

New User Existing User

Qty	Item Code	Description	Unit Price (ex GST)	Line Total
Credit Card type:	(1.5% fee applies, 3% for Amex)	Card No: ___ ___ ___ ___ (Please sign authorization below if paying by CC)	Expiry Date: ___ / ___ CCV No: ___	
Subtotal				
Sales Tax				
Total				

1. Please Fax order form to 02 8875 0463 or email it to orders@briell.com.au (emailed orders are responded to)
2. Invoices are faxed or emailed overnight unless otherwise specified
3. Please specify if using alternate freight

Authorized by (name/signature):