PRIORITY EXPRESS ORDER FORM

This invoice is issued by CMT Group Pty Ltd (ACN 144 654 839) trading as TigerPak Packaging (ABN 79 144 654 839).

Phone: 1300 525 325 · Fax: 1300 525 326 · Email: sales@tigerpak.com.au · Web: tigerpak.com.au

PO Box 387 · PLUMPTON · NSW 2761

Date: / / .

Invoice To:

Account No: ..... Purchase Order No: .....

Company (Buyer) Full Name: .....

ABN: ..... ACN: .....

Sole Proprietor's Full Name: .....

..... DOB: .....

PO Box: ..... Postcode: .....

Address: .....

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

Tel: ( ) ..... Fax: ( ) .....

Email: ..... Mob: .....

Deliver To: *(If different from invoice)*

Person/Entity: .....

Address: .....

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

Receivals Closing Time: .....

Tick Preferred Delivery Method:

☐ Ship using regular Tigerpak delivery method (APPLIES TO METRO* DELIVERY ONLY).

☐ Please deliver via: .....

Tel: ( ) ..... Account No.: .....

*AS DESIGNATED BY CURRENT FASTWAY TRANSPORT SCHEDULE.

My Order:

Please Photocopy this Order Form for future use.

Code	Description	Quantity	Unit Price	Total Price

In placing this order, the Buyer accepts the TigerPak Packaging General Trading Terms & Conditions of Sale (a copy of which is on page 225 of TigerPak's Buyers Guide, available on request or at www.tigerpak.com.au). The Buyer also acknowledges that it has had the opportunity to read and understand the Terms & Conditions of Sale before placing this order.

Signed for and on behalf of the Buyer, and with the Buyer's authority:

Name: ..... Position: .....

Signature: ..... Date: .....

Handling/Delivery $	
Sub Total $	
GST Amount $	
Total Due $	

Payment Details:

☐ Please charge my credit card.

☐ Please invoice my account.

☐ I wish to apply for an account. *(First order must be over $150 + GST)*

Credit Card Details:

☐ Visa ☐ Mastercard

Card Holder's Full Name: .....

Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ..... Card Holder's Signature: .....