



Pelican Manufacturing Order Form

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Facility Name _____

Contact Name _____

Email Address _____ *Tick this box NOT to receive free email updates on new products*

Phone # () _____ **Fax #** () _____

Delivery Address _____

Invoice Address _____

(complete if different from delivery address)

Order Number _____ **Date** _____

To be paid for by: **Facility's Account** *(Trading Terms: Nett 7 Days from delivery)*
(please tick)

Credit Card # _____

Expiry Date _ _ / _ _



Item Code	Item Name <i>(including size / colour / other variations if applicable)</i>	Price	Qty

(Credit account trading terms: Nett 7 Days from delivery)

Comments:

Tick this box if you would like us to contact you to confirm the order and/or freight charges

For customers in Australia, please FreeFax this to 1800 641 477

For customers in New Zealand, please FreeFax this to 0800 440 486

For customers outside of Australia and New Zealand, please fax this to + 61 8 9444 4855

Alternatively, you can email a scan of this to sales@pelicanmanufacturing.com