EXPRESS FAX ORDER FORM

Fax No. (02) 8825 1911

Account No:	Account Name:	Date:
Order No:	Ordered By:	Email:

Freight Method: (Please Tick) ☐ **Air** ☐ **Road** ☐ **Post** ☐ **Counter Pickup**

☐ **Own Freight (Company Name…… Account No. ..……..)**

QTY	Part No.	Description	Price (If Quoted)

Confirm Supply ☐ **Yes** ☐ **No** | **Backorder if Nil Stock** ☐ **Yes** ☐ **No** ☐ **Advise**

Special Requirements:

Phone: (02) 8825 1900 Fax: (02) 8825 1911 E-mail: sales@rocketind.com Web: www.rocketind.com