



Email: sales@wmaust.com.au | Fax: 03 9888 9421 | Call: 03 9888 7420

My Order | Please fill in the fields below. Correct details are important.

Code	Description	QTY	Unit Price ex gst	Subtotal ex gst

**GENERAL TERMS & CONDITIONS:**  
 - Please note **MINIMUMS** per item apply.  
 - **MINIMUM ORDER VALUE:** No minimum dollar value.  
 - **FREIGHT:** Based on order and location.  
 - **PRICING:** Indicated prices are exclusive of gst.  
 - **TRADING TERMS:**  
 New customer: PROFORMA INVOICE  
 Existing customer: Agreed Terms

**- INVOICING**  
 New customer:  
 A Proforma Invoice will be issued prior to dispatch.  
 Approved Account customers:  
 Invoices will be provided with delivery.

**- DELIVERY**  
 New customer:  
 Payment must be received prior to dispatch.  
 Existing customer: Immediate delivery

**- STOCK:** Subject to availability.

Subtotal ex gst \$ \_\_\_\_\_  
 + 10% gst \$ \_\_\_\_\_  
 Delivery | to be calculated \$ \_\_\_\_\_  
**Total Order \$** \_\_\_\_\_

**Your Details** | All details will remain private and confidential. Customers will receive a duplicate copy of the merchant receipt.

**CUSTOMER DETAILS - Provide your details as required. (Fill in the fields)** Date Ordered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact name: \_\_\_\_\_ Purchase Ordered No: \_\_\_\_\_

Business name: \_\_\_\_\_ ABN: \_\_\_\_\_

Delivery address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Payment method:  CASH  DIRECT DEPOSIT  CHEQUE (Business only)  CREDIT CARD  APPROVED ACCOUNT HOLDER

Credit Card details:  VISA  MASTERCARD  AMEX (Card Fee, Add 2% for American Express only)  CVV NUMBER

Card number:                      Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_