



ABN 47 560 151 227

**ORDER FORM**

**Company Details**

Contact Person.....

Company Name.....

Company Address.....

.....

Phone.....

Fax.....

Email.....

**Order Details**

**Fruit Pack:**

Type	Number
Standard	
Special	
Deluxe	

**Delivery Details:**

Day delivery required:            Tuesday.....Thursday.....

Payment is strictly C.O.D unless prior arrangement has been made.

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