

Telephone Order Form

Order Date 16/09 Time 2:57

Bill To:

Customer Name : _____

Card Address : _____

Tel Num : _____

Email Address : _____

Ship To:

Shipping Contact : _____

Company Name : _____

Shipping Address : _____

Tel Num : _____

EQUIPMNT LIST:

Item Description:	Colour:	Quantity:	Price:
YST-SWSIS			
NO RECEIPT AVAILABLE AS			
THIS IS A DISPLAY UNIT.			
MIKE.			
Shipping Charge:			

TOTAL \$\$\$

Extras:

Speaker Cable _____

Subwoofer Cable _____

HDMI Cable _____

Accessories _____

Other _____

Where are these packed?

_____FINALISED SALE ☐LAYBY ☐

LAY-BY DETAILS

Deposit

Balance

SHIPPING METHOD:

TNT: ☐Clipper: ☐Aus Post: ☐Collection: ☐

FINAL CHECK LIST :

Wrapped ☐Invoiced ☐Booked ☐Email Sent ☐

Completed: Init. _____ Date _____

Init. _____

Init. _____

Init. _____

Init. _____