



# CUSTOMER ORDER FORM

Corrick Plains Pty Ltd • ABN 21 685 452 996 • PO Box 28, Giru QLD 4809

Name: .....

Address: .....

Email: .....

Phone: .....

### Coordinator/Office use

Coordinators Name	Price	Expected Delivery	Send in total number of trays needed with C/Card payment by
Lynne Henare	\$25	Nov 21	Oct 25

NAME	QUANTITY	PRICE	TOTAL
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
11.		\$	\$
12.		\$	\$
13.		\$	\$
14.		\$	\$
15.		\$	\$
		TOTAL	\$

Please keep this for your reference and send through the total numbers of trays needed along with payment. See total numbers and payment form.