Sensory Tools Australia Schools/Organisation Purchase Order Form

Customer Purchase Order Number- _____ **DATE-**_____

Invoice Details

Company:		**Phone Numbers:**	
Contact Name:		**Mob:**	
Address:		**Ph:**	
City/State/Postcode:			
Email Address:		**ABN NUMBER**	

Postal Details

Company:		**Phone Numbers:**	
Contact Name:		**Mob:**	
Address:		**Ph:**	
City/State/Postcode:			
Email Address:			

Do you wish to have the goods dispatched with a 14 day invoice prior to payment? Yes/No

Item Description	QTY	Price	Total

SUB TOTAL **=**

SHIPPING AND HANDLING: charges will be added to order +

TOTAL AMOUNT DUE **=**

All Our Prices Include GST!

All our invoices have 14 day terms

Sensory Tools ABN-15 544 344 117

visit -www.sensorytools.net