

Sensory Tools Australia Schools/Organisation Purchase Order Form

Purchase Order Number- _____

Date- _____

Invoice Details

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

Delivery 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 = _____