

Stramit				SALES ORDER FORM				Order Type		CO Number		
Customer Account No												
Customer O/N:		Date Ordered	Date Required	Your Ref	Our Ref	Contact Method	Contact No	Time	Receipt No (cash sale)			
Customer Name		Delivery to Suburb:		SITE / STORE		Special (del spec) Instructions:						
		Street Address:										
AGREEMENT REF NO:		SITE TIME / VEHICLE TYPE		MAP REF:		SITE ACCESS: GOOD/FAIR/BAD						
QUOTE REF NO:		Product Code		Ship Via/Route No.		UNLOADING METHOD:						
No.	Whs	Line Type	Description	Qty	Length	Bundle No.	Mark No.	R/B	LM/M ²	Price	%	Value
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15	FREIGHT											
16	MIN. ORDER QUANTITY S/CHARGE											
17												TOTAL