

Customer Account No		Stramit					SALES ORDER FORM					Order Type		CO Number			
		Date Ordered		Time		Date Required		Your Ref		Our Ref		Contact Method		Contact No		Receipt NO (cash sale)	
Customer Name		Delivery to Suburb:					SITE/STORE					Special (del spec) Instructions:					
		Street Address:															
AGREEMENT REF NO:		SITE TIME / VEHICLE TYPE:					SITE ACCESS: GOOD/FAIR/BAD										
QUOTE REF NO:		MAP REF:					Ship Via/Route No					UNLOADING METHOD:					
No.	Whs	Line Type	Description	Product Code	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