

Stramit		SALES ORDER FORM				Order Type		CO Number					
Customer Account No		Date Ordered		Date Required		Your Ref		Our Ref					
Customer O/N:		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		SITE ACCESS: GOOD/FAIR/BAD									
QUOTE REF NO:		MAP REF:		UNLOADING METHOD:									
No.	Whs	Line Type	Description	Product Code	Qty	Ship Via/Route No.	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