

Consumables Order Form

DATE

COMPANY NAME

PO NUMBER

CONTACT NAME

PHONE NUMBER

ACCOUNTS EMAIL

DELIVERY ADDRESS

| | |
|----------------|-----------|
| Name | |
| ----- | |
| Street Address | |
| ----- | |
| Suburb | |
| ----- | |
| State | Post Code |
| ----- | ----- |

INVOICE ADDRESS

| | |
|----------------|-----------|
| Name | |
| ----- | |
| Street Address | |
| ----- | |
| Suburb | |
| ----- | |
| State | Post Code |
| ----- | ----- |

ITEM

DESCRIPTION

UNITS PER BOX

QTY ORDERED

| | | | |
|------------------------|---|-----------------------------------|------------------|
| 9 Tape (9mm/250m) | For B3, B4, B5W, B16, B20, B30, 3-X12 models baling anything. For X10, X16, X25 models baling cardboard only. | 8 rolls per box \$240.00 +GST | box(es) <hr/> |
| 13 Tape (13mm/250m) | For X16, X25 models baling plastic only. For X30 and B30W models baling anything. | 8 rolls per box \$340.00 +GST | box(es) <hr/> |
| 19 Tape (19mm/400m) | For X50 and B50 models. | 4 rolls per box \$450.00 +GST | box(es) <hr/> |
| Plastic bags | Plastic bags to suit Wastech Recycle Rack. | 150 bags per box \$220.00 +GST | box(es) <hr/> |
| Recycle rack | Metal rack for collection and separation of recyclable plastics. | 1 rack \$230.00 +GST | box(es) <hr/> |

We appreciate your continued business

Please fax your completed form to **03 8787 1650**.

Alternatively, please download your completed form, attach to an email and send to **sales@wastech.com.au**.

Orders must be received by 12:00pm for processing.

CREDIT CARD PAYMENT AUTHORIZATION

(note: all transactions over \$1,000.00 will incur a 1.5% handling fee)

I authorise Wastech Engineering to charge my credit card as follows:

Name on Card: _____

Company Name: _____

Card Type: MASTERCARD VISA
(please circle)

Card Number: _____/_____/_____/_____

Expiry Date: ____/____ Security #: ____
(also known as CCV or CVC, last 3 digits)

Amount: \$ _____
(inc GST)

In payment of: Inv# _____ or customer PO # _____
or other reference: _____

Cardholder signature: _____ Date: ____/____/____

Contact phone or email: _____

Please tick if you require a receipt to be:

Emailed

Mailed

Office Use Only:

Date Payment Processed: ____/____/____ Entered on account: ____/____/____

Initials: _____

Receipt sent to customer: ____/____/____

Receipt#: _____

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