



www.gttrailers.co.nz

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GOODS ORDER FORM

DATE: ___/___/___

POSTAL ADDRESS:

Company:
Address:
Suburb:
Town/City:
Phone: ()
Email:
Purchase Order No:
Ordered by:
Signature:

DELIVERY ADDRESS:

Company:
Address:
Suburb:
Town/City:

MY ORDER:

Table with 3 columns: CODE, PRODUCT DESCRIPTION, QUANTITY. Multiple empty rows for order entry.

MY PAYMENT DETAILS:

- Payment options: Please invoice my account, I have direct credited to the GT Trailers bank account: 03-0104-0712037-000, Please charge my credit card (details below)

CREDIT CARD DETAILS:

Payment method options: Mastercard, Visa, American Express. Fields for Card No., Expiry Date, Cardholder's Full Name, Cardholder's Signature.