

## BOOKING ORDER FORM

### PICKUP

Order Placed On:		Freight Charged To:	
Pick Up From:		Company:	
Address			
Contact Name			
Pick Up Date:		Pickup Time; am/pm	
Reciever:		Company:	

DELIVER - tick cold store if applicable

Deliver To:			
Address:			
Contact:			
Phone:		Mobile:	
Pick Up From:		Company:	
Date Expected		Consignment Note No	

### PRODUCT DESCRIPTION


Gross Weight		No of Spaces	
Type of Loading:	Single <input type="checkbox"/>	Temperature	Freezer <input type="checkbox"/> (-18°C)
	Double <input type="checkbox"/>		Chiller <input type="checkbox"/> (+3°C)
	On Bars <input type="checkbox"/>		Dry <input type="checkbox"/> (+15°C)

### COMMENT


### ORDER PLACED BY

Name: (If different to above)	
Phone	

Please fax 02 66288 966 or email [josh\\_flynnpt@bigpond.com](mailto:josh_flynnpt@bigpond.com) this order form to our office.  
 Contact our office on 02 66288 944 to confirm that your order was received.