

Please return filled form and fax to 02-8625 5636 or email to sales@metrodisplay.com.au



**Metro Display**  
 Tel: 02-8625 5579  
 Fax: 02-8625 5636  
 Unit 21 / 14-16  
 Stanton Road  
 Seven Hills NSW 2147

# Purchase Order Form

**BILLING DETAILS:**

Company Name:  
 Billing Address:  
 Billing Contact:  
 Phone:                      Fax:  
 Email:

**DELIVER TO:**

Receiving Contact:  
 Street Address:  
 Contact Phone:  
*(please leave this part blank if you will arrange your own freight or pickup)*

Preferred payment types (please tick)

*\*surcharge may apply*

EFT	CASH	CREDIT CARD*	CHEQUE	PURCHASE ORDER

QTY	ITEM	DESCRIPTION	PRICE	TOTAL

<b>SUBTOTAL</b>	
<i>(TO BE FILLED BY METRO DISPLAY) FREIGHT WITH INSURANCE</i>	
<b>GST</b>	
<b>OTHER</b>	
<b>TOTAL</b>	

**Special Requirements:**

*\* I understand that Metro Display reserve the rights to change or cancel the order even a deposit has been paid in accordance to this order form.*

**Client Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

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