

Customer Code

Receipt Order Form



IMPORTANT. PLEASE COMPLETE ALL DETAILS CAREFULLY AS YOUR RECEIPTS WILL BE PRINTED WITH THE INFORMATION SHOWN HERE. (PRINTER'S COPY)

Date:

Quantity: Serial Numbers from: to:

Company / Business Name and A.C.N. / A.B.N.

Account Title:

Address:

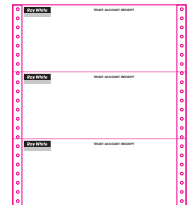
Telephone Number: Fax Number:

Reprint Only Revised New Receipt Proof Required

A4 Laser Receipt



2pt Continuous Rest Receipt 3 per Page



Ink Colours Required

Upon completion the receipts will be delivered direct to your office.

AUTHORISATION: By submitting this order form, I/we agree that all information provided on this form is accurate and authorise Print Media Group to invoice our account for the total cost of this order including applicable GST and shipping cost. I, the undersigned, have authority to sign this order* on behalf of the company stated above.

**All orders are subject to Print Media Group terms of trade (full details at www.pmg.com.au)*

Company Name:

Authorised Signature:

Contact Name: Email:

**Please forward all copies of completed forms to Print Media Group by post, fax or email.
If re-printing, please forward a photocopy of previous receipt.**