****

**CUSTOMER ORDER FORM**

**St Margaret’s Creek Pty Ltd • ABN 21 685 452 996 • 419 Bartlett Road Giru QLD 4809**

|  |  |
| --- | --- |
| Name: | Address: |
| Email: | Phone: |

**Coordinator/Office use**

|  |  |  |  |
| --- | --- | --- | --- |
| Coordinators Name | Price | Expected Delivery week beginning | Return form with payment by |
| Amy Thomas | $25 | Early December | Monday 28th October |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | QUANTITY | PRICE | TOTAL |
| 1. |  | $ | $ |
| 2. |  | $ | $ |
| 3. |  | $ | $ |
| 4. |  | $ | $ |
| 5. |  | $ | $ |
| 6. |  | $ | $ |
| 7. |  | $ | $ |
| 8. |  | $ | $ |
| 9. |  | $ | $ |
| 10. |  | $ | $ |
| 11 |  | $ | $ |
| 12. |  | $ | $ |
| 13. |  | $ | $ |
| 14. |  | $ | $ |
| 15. |  | $ | $ |
| TOTAL | $ |

**\*Please note that while every effort will be made to deliver your order to your School/Club/Organisation on the preferred delivery date, the occasional delivery may be delayed due to logistical difficulties beyond our control. Your coordinator will notify you of any changes. Thank you for your understanding.**