

PROPPA® WALL SUPPORT PURCHASE ORDER

To _____ Date _____

Attention

Order placed by mail  by hand  fax  computer  phone 

From: _____

Contact Person: _____ Contact telephone No: _____

Our purchase order reference number: _____

Please supply the following items:

QUANTITY	DETAILS
	Proppa wall supports

Delivery / Pick up instructions

We hereby quote ABN: _____

.....
PRINT name of person authorised to quote

.....
SIGNATURE of person authorised to quote