LawGear

EQUIPMENT PROFESSIONALS DEPEND ON

SECURITY | LAW ENFORCEMENT | OUTDOORS | GOVERNMENT

ABN. 72 883 827 485
Shop 3B, Westpoint Shopping Centre
107 Takalvan Street
BUNDABERG, QLD 4670
**Tel.** 07 4151 7203
**Mob.** 0401 860 446
**Fax.** 07 4151 7518
**Email.** sales@lawgear.com.au
**Web.** www.lawgear.com.au

**DATE OF ORDER:** / /20

# PRODUCT ORDER FORM

**PLEASE ENSURE A COPY OF THIS FORM IS FORWARDED WITH YOUR PAYMENT**

| Contact Details: | Shipping Address: (If different from contact details) |
|---|---|
| Company: | Company: |
| Name: | Name: |
| Address: | Address: |
| City: | City: |
| State: | State: |
| Postcode: | Postcode: |
| Phone: | Mobile: |
| Fax: | Other: |
| Email: | |

| PRODUCT CODE / SIZE | QUANTITY | DESCRIPTION – PLEASE INCLUDE COLOUR ETC | ITEM PRICE | TOTAL PRICE |
|---|---|---|---|---|
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|---|---|---|
| **Preferred Shipping Method:** ☐ **Registered (Tracking + Insurance)** ☐ **Express (Tracking)** ☐ **Standard (No Tracking or Insurance)** | **SHIPPING** | |
| | **SUB TOTAL** | |
| **Additional Shipping Instructions:** | **CREDIT CARD SURCHARGE 3%** | |
| ☐ **PO Box** ☐ **Shipping Address** ☐ **Front Counter** ☐ **Loading Dock** | **TOTAL** | |

**ADDITIONAL COMMENTS:**

**Please indicate your preferred payment method for re-shipping by ticking the check box below:**

☐ Visa ☐ American Express ☐ Cheque Payment ☐ Purchase Order

☐ Mastercard ☐ Money Order ☐ Branch Deposit ☐ Electronic Transfer

**Purchase Order Number:**

**CARD NUMBER:**

**EXPIRY DATE:** M M Y Y

**NAME ON CARD:**

**CARDHOLDERS SIGNATURE:**

**CARD VALIDATION CODE (CCV):**

Please Note A 3% Surcharge May Be Applicable To All Credit Card Transactions.

**Transfer payments directly into our bank account via internet banking or at any branch or service centre of the ANZ bank.**

Account Name: **TREVACH PTY LTD ATF TJB FAMILY TRUST**

BSB: **014 522**

Account Number: **267730942**

**Please make all cheques / Money Orders payable to:**

**TREVACH PTY LTD ATF TJB FAMILY TRUST**

PO Box 5802, WEST BUNDABERG QLD 4670

| OFFICE USE ONLY | | | | |
|---|---|---|---|---|
| **DATE** | **PROCESSED BY** | **ASSESSMENT CODE** | **AUTHORISED BY** | **APPROVED** |
| | | | | |

**PLEASE FAX OR EMAIL YOUR ORDER THROUGH TO US: (07) 4151 7518** **24 HOURS**