

Date: _____ Date Required: _____
Customer Name: _____
Phone Number: _____
Email: _____
Job Ref: _____
Comments: _____

PICK UP LOCATION:

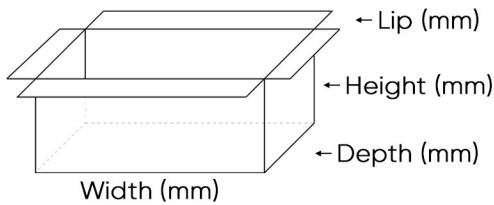
☐ Campbellfield ☐ Cranbourne

☐ DELIVERY REQUIRED

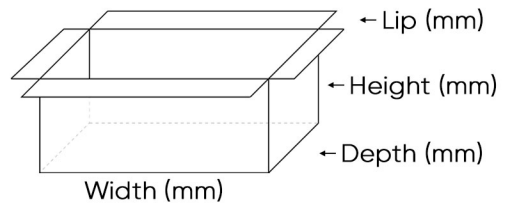
Delivery Address: _____

ORDER #:
(Office Use Only)

1



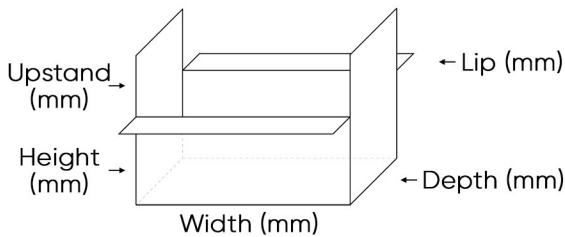
2



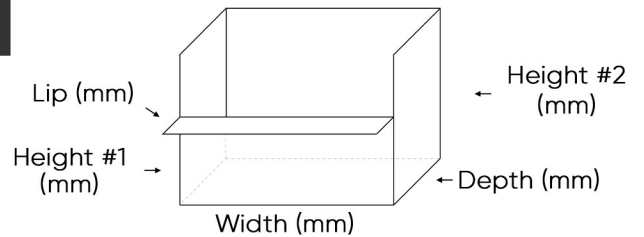
QTY	WIDTH	DEPTH	HEIGHT	LIP	COLOUR

QTY	WIDTH	DEPTH	HEIGHT	LIP	COLOUR

3



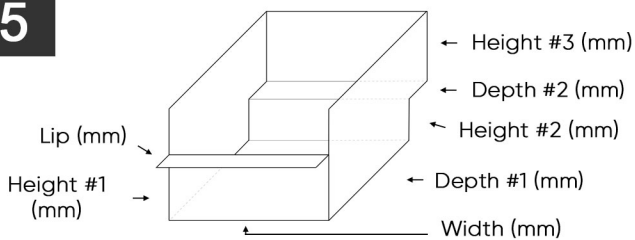
4



QTY	WIDTH	DEPTH	HEIGHT	UP/ST	LIP	COLOUR

QTY	WIDTH	DEPTH	H# 1 H# 2	LIP	COLOUR

5



6

QTY	WIDTH	D #1	D #2	H #1	H #2	H #3	LIP	COLOUR

QTY	WIDTH	DEPTH	HEIGHT	LIP	COLOUR

ROC - CAMPBELLFIELD

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