ORDER FAST FAX/POST FORM

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Now ordering your Soar Tags Labels is easier than ever, print and fax or post.

POST TO: Soar Tags PO Box 8417, Symond Street AUCKLAND NEW ZEALAND

DATE:

SOLD TO:

Firm Name: _____

Customer Code: _____

Contact Name: _____

Postal Address: _____

_____

_____

Phone No: _____ **Fax:** _____

Payment Method:

☐ Cheque ☐ Charge ☐ on Account

☐ Direct Credit ☐ Credit Card **

** Please Complete at bottom

Ship Method: ☐ Collect ☐ Courier ☐ Post

Other: _____

Specified Delivery date:

SHIP TO:

FIRM NAME: _____

ATTENTION: _____

STREET ADDRESS: _____

SHIPPING/SPECIAL INSTRUCTIONS:

If ordering Soar Tags Labels: _____

_____

_____

If out of Stock in Soar Tags Labels:

Ok to Backorder ☐ Please Call ☐ Supply with Blank Type Labels ☐

Credit Card Details

MasterCard VISA

Card Number **Expiry Date**

Signature

NAME OR DESCRIPTION OF VARIETY	SIZE	LABEL CODE	QTY

OFFICE USE ONLY CUSTOMER CODE

CUSTOMER ORDER NO