

RECURRING ORDER FORM - PLEASE PRINT CLEARLY

Date: _____

Customer Details

Business Name (if applicable): _____ A.B.N. _____
 Registered Company Name: _____
 First Name: _____ Surname: _____
 Street Address: _____

 Postal Address: _____

 Ph Number: _____ Mobile Number: _____ Fax Number: _____
 Email: _____

Order Details

Commencing From: _____ / _____ / _____
 Day of delivery
 Weekly Fortnightly
 Mon Thurs Fri
 Type of Tray:
 Fruit Tray Vegetable Tray Fruit & Veg Tray
 To the Value of:
 \$30 \$40 \$50 Other \$ _____
 Will be at premises to take delivery
 Yes No

Please note: If delivery falls on a Public Holiday delivery will take place the following business day

Delivery Address (if same as street address write 'as above')

Delivery Address: _____

 Post Code: _____
 Special Delivery Instructions: _____

***If customer is not at premises to take delivery of tray, a Chiller Box with Gel Packs will be required
 Chiller Boxes / Gel Packs require a security deposit which is refundable once the service ceases
 Chiller Boxes / Gel Packs must be left outside for collection each week
 All due care must be taken to ensure Chiller Boxes / Gel Packs are not damaged
 Deliveries will take place between 9.30am & 3.00pm on the specified day
 however all effort will be made to deliver to preferred times***

Credit Card Details

Type M/Card Visa Amex
 Name on Card: _____
 Card Number: _____
 Card Exp date: _____ / _____ / _____ C V V No: _____
 Signature of Card Holder: _____

*The above credit card will be debited the day before each scheduled delivery
 Any changes or cancellations need to be made by 4pm the previous working day*