SchoolTex SCHOOLWEAR

order form

						OR tick here if you are a new customer ☐

Customer Account Number

Customer Name Mr/Mrs/Ms/Miss

School Name

Contact Person

Address

Suburb

Town/City

Daytime Ph Evening Ph

Email

Freephone
0800 507 807
Freefax
0800 802 8 20
PO Box 4525
Christchurch,
New Zealand
email: directsales@schooltex.co.nz

	STYLE NO.	DESCRIPTION	EMBROIDERY / PRINTING	SIZE	QTY	COLOUR	PRICE	TOTAL
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
							freight	
							TOTAL	

Method of Payment

☐ VISA ☐ MASTERCARD ☐ CHARGE ACCOUNT to approved customers

Credit Card Number

Name on card

Expiry Date

Signature

Cheque enclosed ☐ Cheque to follow ☐

If an item you require is temporarily out of stock will you accept a back order? YES ☐ NO ☐

Thank you for your order. We comply with the Privacy Act of 1993.

If you require a purchase order number please supply it below.