

ORDER FORM

DATE: _____

(Print out and complete detail)

NAME: _____ Phone _____

Mobile _____

SITE ADDRESS _____ Post Code _____

Suburb/Town _____

Present Address _____

(if not as above)

Preferred Method of Contact: _____

IS THE SYSTEM FOR A NEW HOME ? Yes / No (circle choice)

REPLACEMENT FOR SEPTIC ? Yes / No

WHEN IS YOUR REQUIREMENT ? DATE Mo/Yr _____

HAVE YOU DECIDED ON MODEL Yes /No MODEL _____

(We will call you if you are undecided on Model)

WILL YOU BE REQUIRING ADDITIONAL TRADE SERVICES ? Yes / No

PLEASE DESCRIBE THOSE SERVICES: _____

WOULD YOU WISH US TO SEND YOU FURTHER INFORMATION Yes / No

PLEASE DESCRIBE YOUR REQUIREMENTS: _____

THANK YOU FOR YOUR ORDER ! WE OR OUR AGENT WILL CONTACT YOU WITH CONFIRMATION!

SUPER-TREAT SYSTEMS (QLD) PTY LTD