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| **Business/Customer Name** |  | | | | |
| **Address** | # & Street | | Town/City | | Postcode |
| **Contact Numbers** | Business | Home | Mobile | ABN (where applicable) | |
| **Email Address** |  | | | | |
| **Contact Person** |  | | | | |
| **Shipping Address**  *(if different from Business/ Customer Address)* |  | | | | |

**ORDER FOR QUALITY CRAFTS**

Please supply the following items

| **Code** | **Description** | **Qty** |
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Press <TAB> in last Table cell to add extra rows in Table

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| Authorised Person | Signature | | / /  Date |
| Print Name |  | |

On completion of this form, please email to [graham.qualitycrafts@gmail.com](mailto:graham.qualitycrafts@gmail.com). If you have any questions, please phone 0417 072 627.