

Signature:

Office and Healthcare Seating Specialists

ORDER FORM

To place your order with Arteil, **either** fill out form on computer and print **or** print form and fill out manually. Fax completed form to 08 9314 1553.

Unit 2-5, 95 Garling St O'Connor, WA Australia 6163

Date:		Order Numb	er:		Phone: 08 9337 8 Fax: 08 9314 1	399 553
Contact Deta	ails				www.arteil.com	ı.aı
Contact Name: Business Name: Phone: Mobile: Email Address: Fax: Street: Suburb/City:						
State: Post Code:						
Deliver To	Same as Above					
Street: Suburb/City: State: Post Code: Order Detai	ils					
Range:		Chair Model Name:			Quantity:	
Mechanism: Arms:	Duomatic Cornall Duomatic Tiltamatic Swivel And Tilt Locking Swivel an		☐ 43 cm - Extra Small ☐ 45 cm - Small ☐ 48 cm - Medium ☐ 50 cm - Large ☐ 52 cm - XL ☐ 54 cm - XXL	Castors:	Standard Brake Unloaded Brake Loaded PU Castors Glides Lever Lock Castors	
	Adjustable Arms Chrome Adjustab		50 cm - Small Executiv	/e Company :		_
Base:	Standard Polypla Polished Alumini Taurus (certain m	um		Range: Colour:		
Other Details:						



ORDER FORM

Office and Healthcare Seating Specialists

Unit 2-5, 95 Garling St O'Connor, WA Australia 6163

Phone: 08 9337 8399 Fax: 08 9314 1553

www.arteil.com.au

Payment is required on completion of order or unless otherwise arranged.

Payment Details

Cheque payable to Arteil (WA) Pty Ltd						
	Funds Transfer National Australia Account Name: 3SB Number: Account No: Reference:	Bank Arteil (WA) Pty Ltd 086-217 01 796 7189 Business Name and Invoice Number				
Masterca	rd					
☐ Visa						
C	ard Number:					
Ex	cpiration Date:					
Ca	ardholder Name:					
D	ate:					
Si	ignature:					
Invoice Number/s Amount						
Is a receipt required? Yes No						
Receipt to be mailed to						
Receipt to be faxed to						

Internal Use Only

Order Completed:	
Ship Date:	