Customer Order Form

Date:.....

*Charge to:	P/Order No.: .....
*Transport Requested by:	Contact No.: .....

*Pick Up From	
Address	
Suburb	
State	
Pick Up Date	
*Contact Name	
*Ph or Mobile	
Email	

*Deliver To	
Address	
Suburb	
State	
Delivery Date For office use only	
*Contact Name	
*Ph or Mobile	
Email	

*Vehicle ID/Rego No.	*Description *(Make, Model, etc)*	Type *(eg Sedan, 4WD)*	Price (inc GST)

A Fuel Levy will apply at time of movement. *(For office use only)*

Comments/Special Instructions (*eg, roof rack, lowered):*

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Please read Toll Service Conditions, particularly the Extra Warranty Condition 7.

NB: NO PERSONAL EFFECTS OR GOODS ARE TO BE LEFT IN THE VEHICLE

Fields marked with (*) are mandatory.

ENTERED BY:

INTERNAL O/No.: