

If you wish to proceed with a vehicle purchase, please complete all details on this order form.

DATE: _____

FAX TO: (03) 9686 8377

NEW VEHICLE ORDER FORM

NEW VEHICLE:

QUOTE NO

Make/Model:		
Body:	Sedan <input type="checkbox"/>	Wagon <input type="checkbox"/>	Hatch <input type="checkbox"/> Other:
	Automatic <input type="checkbox"/>	Manual <input type="checkbox"/>	
Options:	Petrol <input type="checkbox"/>	LPG <input type="checkbox"/>	Diesel <input type="checkbox"/> Cylinders:
		
		
Colour Choice:	1st:	2nd:	3rd:

TRADE IN:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registration Number:
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FINANCE:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monthly Payment:	\$
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REGISTRATION:

Private <input type="checkbox"/>	Registration Exempt <input type="checkbox"/>
Business <input type="checkbox"/>	CTP Supplied by Organisation <input type="checkbox"/>
Concessional <input type="checkbox"/>	Common Expiry <input type="checkbox"/>
Other: <input type="checkbox"/> (Specify)	Common Expiry Date:
	RTA Customer No:
Stamp Duty Exempt:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If EXEMPT please attach copy of Exemption Certificate

DELIVERY ADDRESS:

.....	Contact Person:
.....	Phone:
.....	Fax:
.....	DELIVERY DATE

REGISTER TO: (NOT A P.O.BOX)

INVOICE TO:

As registered:

.....
.....	Fax:
ABN:	ABN:

Note: Please fax a copy of your CERTIFICATE OF INCORPORATION (organisations only)

SPECIAL NOTES:

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NAME: _____

Authorised Signature _____

Should you require any advice or have any questions regarding your quotation, please call us on 1300 132 725: