Malone Glass
ABN: 64 529 162 372 • ACN: 123 889 243
PO Box 1064, Banora Point NSW 2486
Email: admin@maloneglass.com
Web: www.maloneglass.com
Phone: 07 5524 9024

ORDER FORM

DATE:	**REF. No.**	
Customer's Details: ☐ Individual ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Company ☐ Other:		
Full or Legal Name:	ABN/ACN:	
Physical Address:	State:	Postcode:
Billing Address:	State:	Postcode:
Email Address:	Phone No:	
Trading Name (if applicable)		
DETAILS OF GOODS WHICH ARE TO BE SUPPLIED		
Delivery Date:	Costs of Delivery are: ☐ included in the Price ☐ in addition to the Price	
Payment Terms are:		

I authorise the supply of the Goods detailed above and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Square Set Pty Ltd T/A Malone Glass which form part of, and are intended to be read in conjunction with this Order Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.***

SIGNED **(CUSTOMER):** _____

Name: _____

Position: _____

ID: _____ Date of Birth: _____
(Driver's Licence, Passport, etc.)

SIGNED **(WITNESS TO CUSTOMER'S SIGNATURE):** _____

Name: _____ Date: _____

Address: _____

_____ State: _____ Postcode: _____

SIGNED **(SELLER):** _____ Name: _____ Date: _____

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