Full assistance and support will be given if required, please ask by phoning 0407276248 sue@phoenixmemorials.com.au

NAME:		
CUSTOMER ID:		
ADDRESS:		
PHONE:		
MOBILE:		
E-MAIL:		
NAME OF DECEASED:		
DATE OF BIRTH & DEATH		
TYPE (ashes, hair, fur)		
WEIGHT of TYPE: PACKED IN	SUPPLIED BAG	OWN
PACKED IN	SUPPLIED DAG	OVVIN
PERSONAL MESSAGE:		
3 Fantail Place, Twin Waters	s QLD 4564	
Mobile: 0407 276 248 Phone: (07) 5457 0442		
sue@phoenixmemorials.con	n.au	
·		
Bank Details:		
Westpac Kawana BSB: 034 676		
ACC: 301 183		
REF: Your Order ref		



Company Use

Due Date:	Sent Via (reg post,express, hand)	Terms (C.O.D)

Product	Qty	Colour/s	Payment Type (cash,chq,EFT)	Unit Price	Total

Com	nanı	Use:	$ID \cdot$
COIII	pun	USC.	ID.

Accepted by the Company

Date:

Laboratory Ref: Audit Trail Date:

Delivery expected Date:

Audit End Date:

Subtotal	
P & H (if applicable)	
Balance Due	

By signing below you agree to our Terms and Conditions outlined on the back of this form.

Customer Signature:

Date: