

## PURCHASE ORDER

Date .....	
Company Name .....	Contact Name .....
Phone Number .....	Fax Number .....
Delivery Address.....	
State .....	Post Code .....

Purchase Order Number .....

Item Description .....

Quantity Required .....

Special Instructions .....

Delivery Date .....

Credit Card Details



**Please Fax or Email your purchase order to:**

**Phoebe Harvey**

Customer Relations Associate

**BNM** group

tel +612 9431 6333

fax +612 9906 7147

em [reception@bnmgroup.com](mailto:reception@bnmgroup.com)