

TRADE SITE ORDER FORM

SEND TO: [orders@npbs.co.nz](mailto:orders@npbs.co.nz) or PHONE: 06 7588939

ITM QUOTE # ORDER REFERENCE:

COMPANY/CUSTOMER NAME:

CONTACT PHONE NUMBER:

EMAIL ADDRESS:

SITE ADDRESS:

REQUESTED DELIVERY DATE: JOB ACCOUNT:

|  |  |
| --- | --- |
| QUANTITIY (EA OR LM) | PRODUCT DESCRIPTION |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

ONCE YOU HAVE COMPLETE THIS FORM, PLEASE PHOTOGRAPH AND RETURN TO YOUR REP BY TEXT OR EMAIL.

ITM OFFICE USE:

|  |  |  |  |
| --- | --- | --- | --- |
| DATE RECEIVED: |  | SALES ORDER # |  |
| CUSTOMER ADVISED: |  | ITM SALES PERSON |  |