

AUTOMOTIVE LEARNING PACK ORDER FORM

Company Name: _____ **Contact Person:** _____

Order Number: _____ **Date Required by:** _____

Postal Address: _____

Delivery Address: _____

Unit Number	Description of Unit	Quantity Required	Office use only

Office use only:

Charge details:

COST per UNIT	NO UNITS	FREIGHT	GST

Booklets Sent: _____

Invoice number: _____ **Date Invoiced:** _____

Total Invoiced: _____ **Freight Charged:** _____

Please return this form to Fairview Educational Services Limited
 Phone: 07 849 9828, training@fairviews.co.nz Fax: 07 849 9808 or mail to P O Box 10244, Hamilton