



RAINWATER TANK ORDER FORM

Bill To _____ Date _____
Title _____ First Name _____ Last Name _____
Company _____
Address _____
City _____
State _____ Postal Code _____
Email _____
Phone Number _____ Mobile _____

Ship To. Please Enter Date For Delivery _____
Address _____

City _____
State _____ Postal Code _____
SPECIAL DELIVERY INSTRUCTIONS _____

RAINWATER TANK SIZE _____

RAINWATER TANK COLOUR _____

YOUR INLET POSITION _____ C _____ ONLY POSITION AVAILABLE _____

Refer To The Fitout Guide

YOUR OUTLET POSITION _____ 12 _____ ONLY POSITION AVAILABLE _____

Refer To The Fitout Guide

YOUR OVERFLOW POSITION _____

Refer To The Fitout Guide

Po Box 1587
Mackay Qld 4740
Fax 4943 0596
Email: sales@supapoly.com.au
ABN-93 130 034 230

FREE CALL 1800 063 915