

## **CUT FILM ORDER SHEET**

Date:  Contact Name:  Company Name:				Time:			
Phone:				Mobile:			
Payment Method: Account			○ Credit Card   ○ COD   ○ Delivery				
Credit Card No:		Expiry Date	:				
Full name (as it appears on	credit card):_						
Despatch Method: O Pickup/ Delivery			Air Freight/ Road Freight				
Further Instructions:							
	1	1	1				
Film Type	No. Of Panels	Width	Drop	Roll Size	MEP Calcula	tions (office use only)	
	i dileis						
Disclaimer: Should roll s	ize not be selecte	ed, MEP at its disc	retion, will cu	it film from the m	ost efficient roll size a	available.	
Customer Signature:							
VIC/TAS/SA/QLD/NSV	N/ACT		WA/NT			NZ	
76 – 92 Station Street		Unit 1/40 Collingwood Street Osborne Park WA 6017			24A -	Tarndale Grove, v, Auckland 0632	
Nunawading VIC 31300		Osborne Park WA 6017					
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