LYSAGHT

Customer Order Form

Date received	Customer code	Internal order number
		Delivery address
Contact: Ph:		Contact: Ph:

Order no.	Date req'd	Project No.

Comments

Delivery Charge

Timed drop _____ **AM / PM.** **CRANE ON SITE Y / N.** **S&S Y / N.**

Product Description	Colour	Quantity	Length	Bundles

Order taken by

Read back to customer Y/N

Date: Time:

Entered by

_____

Scheduled Y/N

Ref to credit

Time in _____ Time out _____

Cleared by

Revision to original order

Customer contact:

Customer phone:

CR1	CR2	Outcome
Date:	Date:	