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Trading hours
 Mon to Fri - 8.30am to 5.00pm
 Saturday - 8.30am to 1.00pm

Raised Garden Bed Order Form

Date: _____ Targeted completion date: _____ Job No: _____

Customer Name: _____ Company: _____

Phone: _____ Fax: _____ Mobile: _____

Please note, a separate order form must be completed for each Raised Garden Bed shape

Delivery method (Please circle): < Delivery > OR < Pick-up > (A delivery fee applies)

Delivery Address _____ Suburb _____

Please circle the Raised Garden Bed shape to order:

< Round > < Slimline > < L-Shape > < Rectangular > < Cloverleaf > < Custom >

Specification Code: _____ **Quantity:** _____

Dimensions (mm):

Length: _____ Width: _____ Height: _____ Diameter: _____
(Only for Round shape)

Colour (Please circle): < Zinalume > OR < Colourbond > **Code:** _____

Other notes: _____

Sub total \$	Deposit Paid (50%) \$
Delivery \$	Balance due on completion \$
Total Due \$	Notes (Office use):
<i>(All amounts are inclusive of GST)</i>	