

Prenail Frames and Trusses Limited PO Box 40016, UPPER HUTT 5140

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ORDER FORM

This is an Order Form under the Construction Contracts Act 2002. Please read clause 21 on the reverse.

DATE:				REF. No	0.			
Client's Details:	Individual	Sole Trader	□ Trust	Partnership	□ Com	pany D Other:	:	
Full or Legal Name	9:							
Physical Address:								Postcode:
Billing Address:								Postcode:
Email Address:						Phone No:		
Trading Name (if a	pplicable)					Fax No:		
DETAILS OF PRODUCTS WHICH ARE TO BE SUPPLIED								
Delivery Date:				Costs of Deliv	very are:	□ included in the	e Price 🛛 ir	addition to the Price
Payment Terms ar	:e:							

I authorise the supply of the Products detailed above and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Prenail Frames and Trusses Limited which form part of, and are intended to be read in conjunction with this Order Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. *I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.*

SIGNED (CLIENT):		SIGNED (WITNESS TO CLIENT'S SIGNATURE):			
Name:		Name:	Date:		
Position:		Address:			
ID:(Driver's Licence, Passport, etc.)	_ Date of Birth:		Postcode:		
SIGNED (PF&T):		Name:	Date:		

