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Order Form

Title **First Name** **Surname**

Please enter your PO Box number **OR** Unit/Street number and street name

PO BOX No **UNIT/Street No** **Street Name**

Suburb **State** **Postcode/Zip Code**

City/Town **Country**

Contact Phone No **Email Address**

Item Description	Colour/Finish/Effect	Size/Substance	Qty

Extra Information