

NEED A RAINWATER TANK?

all your tank needs

Water Tank Quotation/Order Form

"Need A Rainwater Tank" ABN 32 118 678 701 ACN 118 678 01
 20-21 Rosemary Court, Mulgrave VIC 3170
 Ph: 1300 765 979 Fax: 03 9545 3155

ORDER #:

ORDER DATE: DD/MM/YYYY

Name: _____

Address: _____

Delivery Address: _____

Phone: (Hm) _____ (Wk) _____
 (Mob) _____

PLEASE TICK RELEVANT SERVICE ITEM

- Supply only (no delivery/installation)
- Supply and Delivery to front yard
- Supply and Delivery to designated area
- Supply, Delivery, Installation

Tank Type/s: _____ Qty: _____

Tank Colour/s: _____

Tank Dimensions: _____

Pump Model: _____

Pump Cover: _____ Qty: _____

Main Back-Up System: (\$599) Qty: _____

Accessories: First Flush: (\$50) Qty: _____

Leaf Eater: (\$60) Qty: _____

Frog Mouth Filter: (\$130) Qty: _____

Water Level Gauge: (\$60) Qty: _____

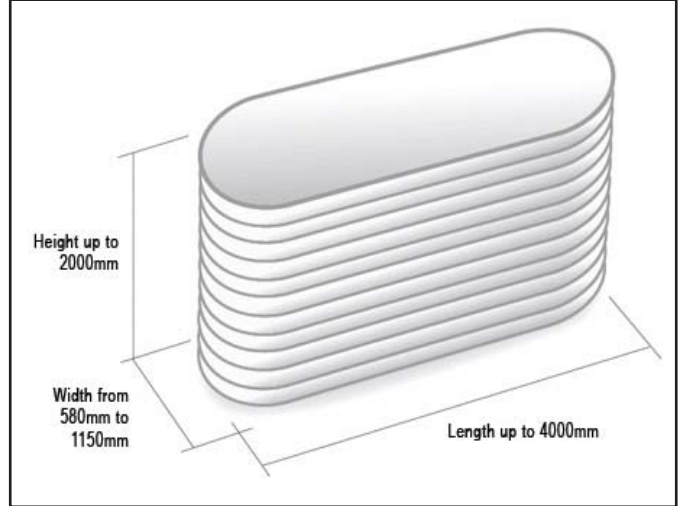
Piping Kit: (\$60) Qty: _____
 (10m pipes, 6x 90mm F-elbows, 6x 90mm wall mounts)

Kits: Tap, Hose, Joints: (\$60) Qty: _____

PVC Valve, Hose, Joints: (\$35) Qty: _____

Brass Valve, Hose, Joints: (\$60) Qty: _____

TAP MAIN HOLE LOCATIONS



Please indicate approximate locations of tap main hole by marking the diagram above

Auto Tank Cleaning System: (\$100) Qty: _____

Tank Delivery & Installation (2000L / 3000L): (\$450)

Tank Delivery & Installation (5000L): (\$599)

Standard Gutter & Tank Connection: _____ Concrete/Tile Base Preparation: _____

Standard Plumb-In (Toilet Flush): _____ Standard Plumb-In (Laundry): _____

ESTIMATED DELIVERY DATE: DD/MM/YYYY

TOTAL COST: \$

\$

Payment By:

Cash Credit Card Cheque Finance/Terms

Deposit Paid: \$

\$

Finance/Terms Details: _____

Progress Payments: \$

\$

Credit Card Authorisation Form: Please complete and submit/fax to us

This is a irrevocable contract between the "Need A Rainwater Tank" (ABN 32 118 678 701) and (Card Holder's Name): _____

(payment schedule please circle) weekly / fortnightly

Balance: \$

\$

That I/we authorise "Need A Rainwater Tank?" to charge: \$ _____ from my credit card (details listed below):

TOTAL RECEIVED: \$

\$

Relevant terms & conditions available on request; all prices listed on this form include GST.

Consultant Name: _____

Consultant Signature: _____

Date: _____

Name on Card: _____ Expiry: _____

Card Holder Signature: _____