



Quotation/Order Form Acceptance Of Order

Guarantee #: 41631689 Date: 29/01/16 15:42	Consultant: Sharyn Allen	Date
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CHARGE TO: BERESNEV GREG 37 WOIWURUNG CRESCENT COBURG 3058 Phone: 0402398473	Email: bergr1980@gmail.com Installation Address Mobile: 0402398473	Your local branch is: Victory (Western) Trading Pty Ground Floor 66 Keon Parade Thomastown PHONE: 0394697600 FAX: 0394694566
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TO PROCESS YOUR ORDER THIS FORM WILL NEED TO BE COMPLETED, SIGNED AND POSTED TO YOUR LOCAL BRANCH WITH A MINIMUM OF 50% DEPOSIT

I, THE ABOVE NAMED PERSON ACCEPT THIS QUOTATION AND AGREE TO PROCEED WITH THE ORDER. I UNDERSTAND AND AGREE THAT THE CONDITIONS OF SALE ON THE QUOTATION/ORDER FORM ARE APPLICABLE.

A MINIMUM CHARGE OF \$15 INTERNAL AND \$28 EXTERNAL PER ITEM WILL APPLY IF EXISTING WINDOW FURNISHINGS AND FITTINGS ARE NOT REMOVED BEFORE INSTALLATION, UNLESS IT IS STATED IN WRITING THAT EXISTING WINDOW COVERINGS

SIGNED: DATE:

PLEASE FIND ENCLOSED MY DEPOSIT OF \$ _____
 MY BALANCE ON NOTIFICATION OF INSTALLATION \$ _____

Credit Card Payment Surcharge: Visa/MasterCard is 1% Amex is 2.5%

PAYMENT METHOD: CREDIT CARD NUMBER OF ITEMS _____
 CASH
 CHEQUE
 DIRECT DEPOSIT BSB 083376 ACC No 895465326
 Reference 101238

PLEASE DO NOT SEND CASH THROUGH THE MAIL

The Victory Way

The unified purpose of our company is to create satisfied customers who not only recommend us to others but become friends of Victory and customers again in the future

We achieve this through:

- * Our PEOPLE, who are our foundation and a crucial asset to our ongoing success
- * Our CUSTOMERS, who we serve with a level of care and integrity beyond all expectations.
- * Our PRODUCTS, which meet and exceed the highest industry standards
- * Our DEDICATION, to winning the hearts of internal and external customers by continually improving our productivity and offering the very best service and
- * Our SOCIAL RESPONSIBILITY, to act with the utmost integrity and be good citizens in the community in which we live and work

Please debit my Mastercard/Visa Card with \$ _____ as Deposit	CardHolder Number	Expiry Date	Name
		Signature