

# SUNSCREEN FUNDRAISER ORDER FORM

Thanks for taking part in the Family Sunscreen Fundraiser.

<b>Contact Person:</b>	
<b>Signature:</b>	
<b>Name of Organisation:</b>	
<b>Address (Physical Address):</b>	
<b>Email:</b>	
<b>Purchase Order Number:</b>	
<b>Phone:</b>	
<b>Fax:</b>	

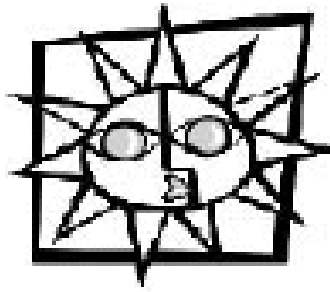
<b>Description</b>	<b>Quantity Bags (contains 6 tubes).</b>	<b>Bag Price</b>	<b>Total</b>
<b>125ml SPF30+ Family Sunscreen</b>		\$27.00	\$

A GST invoice will be included with your order. Payment terms are strictly 20<sup>th</sup> of Month following invoice. Some orders will require Credit Card guarantee.

**Send order to:** Renelli Limited  
Phone: 021 889952  
Fax: 0800 10 80 50  
Email: sales.info@sunlotion.co.nz

Postal Address: PO Box 38-480  
Howick  
Auckland

**GOOD LUCK WITH THE FUNDRAISING!**



Renelli Ltd  
 PO Box 38 480, Howick, Auckland, New Zealand  
 Fax: 0800 10 80 50  
[www.sunlotion.co.nz](http://www.sunlotion.co.nz)

## APLLICATION FOR CREDIT

<b>Organisation:</b>			
Invoice Address		Ph:	
		Mobile Ph:	
		Email:	
Delivery Address:			
Attention:			
<b>Secretary</b>			
Name;		Home Ph:	
Address:		Mobile Ph:	
		Email:	
<b>Treasurer</b>			
Name		Home Ph:	
Address:		Mobile Ph:	
		Email:	

**Credit Terms**

1. I accept the terms of payment as being settlement in full by the 20<sup>th</sup> of the month following the month of the date of the invoice. No credit shall be extended on overdue accounts, except by prior written agreement.
2. I accept that until payment in full Renelli shall retain full title of the goods.

I agree with the above Terms of Trade.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

**Please fax back on 0800 10 80 50.**