



Retailer Order Form

Order No: _____

Date: _____

Print and Fax to (630) 851 7744

Business Name: _____

Delivery Address: _____

City/State/Zip _____

Phone: _____ Fax: _____

Contact e-mail for Invoice: _____

Purchasers Name: _____ Signature: _____

Freight: Require ILI to provide UPS Carrier

We will provide own Carrier

METHOD OF PAYMENT

Check
Please make payable to:
Bushwakka Australia
1005 N Commons Drive
Aurora IL 60504

Bank Transfer
To: Bushwakka Australia Pty Ltd
Acc: 0007504209
Routing: 121000248
Wheaton Bank & Trust Company
Wheaton IL 60187

Credit Card

Master Card

Visa

Discover Card

Card No: _____ Exp Date _____

Card Holder Name: (please print): _____ Signature: _____

Please provide the following to the above mentioned address:

MODEL	Qty	\$ Total
ROY-L-DUAL		
TRAV-LER		
LITE-RIDER		
Freight if required		
Total		\$