

Pick Up Request Form

Rehab Hire Pty Ltd

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Email

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				Purchase Order #		
Customer Name:						
Pick Up Address:						
Email:			Telephone:			
Preferred Time of C	ollection: AM PM					
Item Code	Item Name				Quantity of Collection	
Additional Informati	on:					
Name:		Signature:		Date:	/ /	

Please see www.rehabhire.com.au for full terms & conditions.

(Please print)