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TO ORDER PLEASE COMPLETE THE FORM BELOW

CONTACT DETAILS

Company / Name: _____
 Contact Name: _____
 Contact Number: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Phone: _____ Fax: _____

DELIVERY DETAILS (if required)

Company / Name: _____
 Contact Name: _____ Contact Number: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Phone: _____ Fax: _____

* Depending location a delivery fee may incur. Please check with us.

ORDER DETAILS

Number of People Attending: _____
 Delivery Required: Yes No
 Pickup / Delivery Time Required By: _____ am / pm
 Pickup / Delivery Date Required By: _____

Upon receipt of your request our staff will contact you confirming your order.