

# SAILCITY PACKAGING

PO Box 29016  
Greenwoods Corner,  
Auckland 1347

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## Sample Request Form

Please complete form and either email us at [info@sailcitypackaging.co.nz](mailto:info@sailcitypackaging.co.nz) or fax us at (09) 828-3776.

### Contact Information

Name:

Phone:

Email:

### Shipping Information

Business Name:

Address (*Cannot ship to PO Boxes*):

Suburb:

City:

Post Code:

### Product Samples

Product Details:

Comments:

*Payment - All samples are shipped by Courier Service Only.*

Courier Company Name:

Courier Account Number:

**OR**

Method of Payment:

Mastercard       Visa       Bank Deposit       Cash

Name on Card:

Credit Card Expiration Date:

Credit Card #:

Security Code:

*Additional Information – Please specify any other details required for this sample request .*

Comments:

*By providing your signature, you hereby agree to pay for shipping for the samples you requested.*

Signature:

Date:

**Disclaimer** • Samples are shipped at customer cost & subject to stock availability.  
• There is a limit of 2 samples per request.