

ORDER FORM

DATE: YOUR ORDER NUMBER

COMPANY NAME:	COMPANY VAT NO.
INVOICE ADDRESS:	<i>Ship To: (if different)</i>
	COMPANY NAME:
CONTACT NAME: TEL: FAX: E-MAIL:	DELIVERY ADDRESS:

ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

AUTHORISATION	TOTAL VALUE OF ORDER £
PLEASE SIGN	VAT £
DATE	TOTAL TO PAY £

PAYMENT

<p><i>For International Trade</i></p> <p><input type="checkbox"/> L/C</p> <p><input type="checkbox"/> T/T</p> <p><input type="checkbox"/> D/P</p>	<p><i>UK Trade only</i></p> <p><input type="checkbox"/> CHEQUE WITH ORDER</p> <p><input type="checkbox"/> CREDIT / DEBIT CARD</p> <p style="text-align: center;">please enter your details below</p> <p><input type="checkbox"/> CREDIT / ACCOUNT</p>
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CREDIT / DEBIT CARD TRANSACTIONS ONLY

Your Card:

Card number:

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Credit card expiry date:

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Security Code:

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Please Sign: Date: