



SEND TO

Customer A/C Number \_\_\_\_\_  
(if applicable)  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_ Dept. \_\_\_\_\_  
 School/Organisation \_\_\_\_\_  
 Street \_\_\_\_\_  
 Town \_\_\_\_\_ Postcode \_\_\_\_\_  
 Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Code  
 Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Code  
 E-mail \_\_\_\_\_

INVOICE (Fill in only if different than "SEND TO" address)

Ordered by \_\_\_\_\_  
 Title \_\_\_\_\_ Dept. \_\_\_\_\_  
 Organisation \_\_\_\_\_  
 Street \_\_\_\_\_ Postcode \_\_\_\_\_  
 Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Code  
 Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
Code  
 E-mail \_\_\_\_\_  
 Tax Exempt Number \_\_\_\_\_  
Please enclose a copy of your certificate.  
 Contract number (If applicable) \_\_\_\_\_



METHOD OF PAYMENT (No C.O.D.s please) (tick appropriate box)

Purchase order \_\_\_\_\_  
 P.O. # \_\_\_\_\_ Date \_\_\_\_\_  
 Authorising signature \_\_\_\_\_  
 Confirming order  
 Bill existing account  
 Open new account  
 Check enclosed (Prepaid Orders) \_\_\_\_\_ £ \_\_\_\_\_  
 Credit Card (Fill out information to the right)

Mastercard  Open New Account  
 VISA  Bill Existing Account (tick appropriate box)  
 Card Number \_\_\_\_\_  
 Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Cardholder's Organisation (if applicable) \_\_\_\_\_  
 Cardholder's Name (please print) \_\_\_\_\_  
 Authorising Signature \_\_\_\_\_  
 Street or P.O. Box (Cardholder's billing address required - must match card)  
 \_\_\_\_\_  
 Town \_\_\_\_\_  
 County \_\_\_\_\_ Postcode \_\_\_\_\_



EXAMPLE

CATALOGUE NUMBER	DESCRIPTION (PLEASE PRINT)	QTY	SIZE, STYLE OR COLOUR	TOTAL SALE
250-484	PLUGS STACKABLE	1	BLACK	0.47P

Tick here if your order continues on the next page



Overnight delivery (Extra charges will apply)

Subtotal	_____
VAT <small>(where applicable)</small>	_____
Total	_____



If you have any queries please do not hesitate to contact us, details below.

