

Customer Order Form

1 Please fill in your details

Please send me a quote
OR
 I would like to place an order

Invoicing Address

Name: _____
 Organisation: _____
 Department: _____
 Address: _____

 Postcode / Zip Code: _____
 Country: _____
 Email: _____
 Phone Number: _____

Shipping Address

Name: _____
 Organisation: _____
 Department: _____
 Address: _____

 Postcode / Zip Code: _____
 Country: _____
 Email: _____
 Phone Number: _____

2 Your order details

Are you VAT Exempt? YES NO

If you answered yes, then you will be required to fill in and return, a tax exempt form. Please download the form here

Order Code	Quantity	Order Code	Quantity

3 Payment Details

Prices quoted are exclusive of VAT and carriage. P&P £10 per order.

Name of Card Holder: _____
 Card Type: _____
 Card Number: _____
 Start Date / Issue Date: _____
 Expiry Date: _____
 Security Code / CVV Number: _____