

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: _____