



## FAX ORDER FORM

Please fax back on 0844 507 0001.

Company Name:	Customer Code:
Contact Name:	Order No:                      Date:     /     /
Delivery Address:	Invoice Address (If different from delivery address):
Postcode:	Postcode:
Telephone:                      Fax:	Telephone:                      Fax:
Email:	Email:

**DELIVERY** Please allow 2 - 3 working days

Please deliver by:     /     /	Or: ASAP
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**COLLECTION**

We will collect on:
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PRODUCT REF	DESCRIPTION	PRICE	QUANTITY	TOTAL (£)

**PAYMENT WITH ORDER** For non-account customers

I enclose a cheque

Please debit my credit card  Visa  Mastercard  Amex  Switch

Card Number:          

Start Date:   /      Expiry Date:   /      Issue No (Switch)

Security Code (last 3 digits on reverse):

Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_

Net Total	£
Discount	£
Delivery	£
<small>MAINLAND UK: Free of charge on all orders over £100 ex VAT. For orders under £100 please add £7.50 ex VAT.</small>	
<small>IRELAND AND OFFSHORE ISLANDS: Free of charge on all orders over £200 ex VAT. For orders under £200 please add £25 ex VAT.</small>	
Sub Total	£
VAT (charged on delivery)	£
<b>TOTAL</b>	£