

ORDER FORM

Please fill in and fax or email back to us

Company Name:	
Contact Name:	
Job Title/ position:	
Invoice Address:	Delivery Address:
Post Code:	Post Code:
If European sale: VAT number for exemption:	Post Code:
Telephone:	Telephone for courier:
Fax:	e-mail:
How did customer hear about us?	
Internet – which search engine?	
Advert – which publication?	

Purchase of the following:

- Customer told all prices quoted are subject to VAT at 17.5%
- Customer quoted for delivery (Rural Scotland, Ireland, Europe additional charge)
- Customer told when to expect receipt of goods – (Last interlink collection for next day 2.30pm)

Payment method:	Total price quoted inc VAT and Delivery
<input type="checkbox"/> Credit card (please fill in details below) <input type="checkbox"/> Pro forma invoice <input type="checkbox"/> Customer account (Purchase order number).....	£ : .

Credit card payment details:

Type of Card (Credit/Debit)

Name of Card Holder:

Card Holders address:

.....

.....

Card Number:.....

Issue Number:.....

Card Start Date:Card Expiry Date:.....

Security Code: (last 3 digits on back)