ORDER FORM

Our ref: _____ Your ref: _____

Company name: _____

Contact: _____

Position: _____

Address: _____

Town: _____

Postcode: _____

Tel: _____ Fax: _____

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226 High Street
Croydon Surrey
CR9 1DF

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Product No.	Description	Quantity	Price Each	Less discount	Total

Signature:

Date:

Subtotal _____

VAT _____

Carriage _____

Total _____

Allow approximately 7 working days for delivery from confirmation of order unless otherwise stated in the catalogue.