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Order Form

Please photocopy this form

General Infomation

Date: / /
Customer O/No:
Customer Job No:
Delivery Date Required: / /
Payment Method:
A/C No:
Company:
Contact Name:
Address:
Postcode:
Tel:
Fax:
Email:

Delivery Details if different from above.

Address:
Postcode:
Tel:
Fax:
Email:

Code	Description	Size/Colour	Qty	Price Each	Total

Special Requirements:

Goods Total	
Carriage & Packing	
Sub-Total	
Vat at 17.5%	
Total	

For Payments by Credit Card:

SWITCH SOLO Maestro EUROCARD MasterCard VISA

Card Number:
Expiry Date:
Security Code:
(Three digit code on reverse of card)
Cardholder's Name:
Cardholder's Address:
Postcode:

AUTHORISATION: I have accepted the terms and conditions overleaf. Signed on behalf of the company.

Signature:
Full Name:
Position:

Our terms and conditions of sale require that all goods remain the property of UK Point Of Sale Group Ltd until paid for in full.