

Use this form when you order by phone, fax or post.

ALWAYS KEEP A COPY !

SUPPLIER'S DETAILS		CUSTOMER DETAILS	
COMPANY		NAME	
SALESPERSON'S NAME		COMPANY	
ADDRESS		ADDRESS	
.....		
.....		
..... POSTCODE POSTCODE	
DATE OF TELEPHONE ORDER / / TIME		DATE OF TELEPHONE ORDER / /	
ORDER REFERENCE NUMBER (IF QUOTED)		ORDERED BY: <input type="checkbox"/> TELEPHONE	<input type="checkbox"/> FAX
DISPATCH REFERENCE NUMBER		<input type="checkbox"/> POST	
ADVERT APPEARED IN PCW:		ISSUE DATE PAGE	

[illegible]

METHOD OF PAYMENT

☐ PERSONAL CHEQUE ☐ PURCHASE ORDER ☐ CREDIT CARD
☐ C.O.D ☐ DEBIT CARD ☐ OTHER (SPECIFY)
 CARD COMPANY START DATE / /
 ISSUE NUMBER (debit cards only) EXPIRY DATE / /
 CARD NUMBER (below)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

DELIVERY DETAILS

DELIVERED TO (ADDRESS)

(IF DIFFERENT FROM ABOVE)

.....

.....

..... **POSTCODE**

BUYER'S CHECK LIST

AGREED DELIVERY DATE / /
☐ TERMS OF WARRANTY ☐ MONEY BACK ☐ RETURNS POLICY
☐ COST OF EXTENDED WARRANTY ☐ HELPLINE
 Details:

SIGNED DATE/...../..... DAYTIME TELEPHONE NUMBER