

Order Form

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e-mail: sales@flyscreenco.com



Company	Type of business
Mr Mrs Miss Ms	Purchase Order No/Job Ref
First Name	Delivery Address and Contact Name (if different)
Last Name	
Address	
Town/City	
County	
Post Code	Please tell us where you first heard of The Flyscreen Company
Country	
Tel	
Fax	
e-mail	

Office Use			Date:	
C	CVD	D	R	T

PRODUCT	Kit or MTM*	Qty	Width (mm)	Height (mm)	Single, Double or Triple frames**	White, or Brown Frames	Office Use	
							Unit Price	Total Price
*Made-to-Measure **For Magnetic Insect Screens only							Subtotal	
Notes We will contact you to confirm the total price and arrange payment. For most products we will use grey, 18 x 16 gauge insect mesh as standard. Some products use a different mesh as standard; see literature for details. If you want us to use a different mesh please let us know, so that we can quote the correct price.							Carriage	
							VAT	
							Total (incl VAT)	

PAYMENT METHOD Cheque / Credit Card / Debit Card / Account

Credit Card: VISA M'CARD MAESTRO DELTA

Post Code at address to which card is registered _____

House number at address to which card is registered _____

Name: _____ Issue Number* ____ Date* _____

Card Number: _____

Expiry Date ____/____ Valid from Date ____/____ 3 Digit Check Code** _____

* Not shown on all card types ** The final 3 digits on the signature strip on the reverse of the card

Office Use
TUFFNELLS
ANC
POST
COLLECT
INSTALL