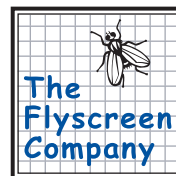


Order Form

Unit 4, Warren Business Park, Knockdown,
Tetbury, Gloucestershire, GL8 8QY
Tel: 01454 238288 Fax: 01454 238988
e-mail: sales@flyscreen.com



<p>Company _____</p> <p>Mr Mrs Miss Ms _____</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Address _____</p> <p>_____</p> <p>Town/City _____</p> <p>County _____</p> <p>Post Code _____</p> <p>Country _____</p> <p>Tel _____</p> <p>Fax _____</p> <p>e-mail _____</p>	<p>Type of business _____</p> <p>Purchase Order No/Job Ref _____</p> <p>Delivery Address and Contact Name (if different) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please tell us where you first heard of The Flyscreen Company _____</p>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">Office Use</td> <td colspan="2" style="text-align: center;">Date:</td> </tr> <tr> <td style="width:20%; text-align: center;">C</td> <td style="width:20%; text-align: center;">CVD</td> <td style="width:20%; text-align: center;">D</td> <td style="width:20%; text-align: center;">R</td> <td style="width:20%; text-align: center;">T</td> </tr> </table>		Office Use			Date:		C	CVD	D	R	T
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
<p>*Made-to-Measure **For Magnetic Insect Screens only</p> <p>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.</p>							Subtotal	
							Carriage	
							VAT	
							Total (incl VAT)	

PAYMENT METHOD Cheque / Credit Card / Debit Card / Account

Credit Card: VISA M'CARD MAESTRO DEL TA

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
FEDEX
POST
COLLECT
INSTALL