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ORDER FORM

Customer Name & Invoice Address		Delivery Address (if different)		
Customer Tel. No.				
Account No.		Order No.		Works O/No.
Taken By		New Customer YES-NO		Date:
Qty	Code	Description	Unit Price	Total
Special Instructions:			Sub Total	
			Carriage	
			V.A.T.	
			Total	
Authorised By:		(Terms and Conditions Available on Request)		
Print Name:				
Position:		Date:		