ORDER FORM

Company Name: _____

Contact Name: _____

Delivery Address: _____

_____

_____

Postcode: _____ Telephone Number: _____

Today's Date: _____ Order Number: _____

PRODUCT CODE	DESCRIPTION	PRICE	QTY REQ.D	TOTAL VALUE

I wish to pay by (please tick one box):

Cheque ☐ **Cash** ☐ **Credit Card** ☐ **Account** ☐

Please make Cheques Payable to "**Border Janitorial Supplies**"

I wish to open an account with you ☐

Orders over £100 qualify for Free Delivery.

*Sub Total	£
VAT (15%)	£
Total Value	**£**

PLEASE FAX YOUR ORDER TO 01691 655603