Photocopy this page double size, fill in your requirements and fax on

+44 (0) 1246 260003

HPC GEARS PRODUCT ORDER FORM

Company Name				Contact	Name				
Address				Delivery address (if different)					
	Post code					Post code			
Tel. no.				Fax. no.					
Your A/c no. (if app	licable			1 474, 110.		If Private	Individue		
Your Order Ref.	blicablej	Dated	,	/	C 1				-
		Datea	/	/		gned	1 1 - 1		
Description: (£)			Par	atalogue t Number	Qty.	Price ea	ch (£)	Total	
I WILL BE PAYING BY: () DELIVERY: ()				ORDER VALUE £					
Cheque 🗋 Standard 🗋				CARRIAGE					
Credit A/c 🔲		Vext Day		V.A.T.					
BACS	S	pecial							
Credit Card Details				TOTAL ORDER VALUE (£)					
		Maste		Maest	ro			/ISA	
Card No.				Exp. Date		Name			
Statement Address Post Code									
Please contact Sales department if payment is made by card, as we will need your three digit security code at the back of the card.									
30.2 (Init 14, Foxwood Industrial Park, Foxwood Road, Chesterfield, Derbyshire 541 9RN Telephone +44(0)1246 268080 Fax +44(0)1246 260003									