

BlueOrange Consulting Ltd

Faxable Order Form

FAX Completed Order Forms to 01505 346592

Invoice Address:			
Name:			
Organisation:			
Address:			
City:	Country:	Post Code:	
Phone:	Fax:		
Email:			
Shipping Address: (if different from Invoice Address)			
Name:			
Organisation:			
Address:			
City:	Country:	Post Code:	
Phone:	Fax:		
Email:			
Part No:	Product Description	Quantity	Price
Subtotal:			
(VAT@17.5%) VAT:			
Shipping:			FREE
Total:			
Payment			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Solo <input type="checkbox"/> Maestro <input type="checkbox"/> Delta <input type="checkbox"/> Visa Electron			
<input type="checkbox"/> Cheque <input type="checkbox"/> Purchase Order - Purchase Order Number:			
Card Number:	CVS code:	Start date:	Expiry date:
Signature:			
<p>Fax this form to 01505 346592 or mail to: BlueOrange Consulting Ltd • 93 Main Road • Elderslie • PA5 9AZ • Scotland</p>			