Salisbury Glass Centre

Windows, Doors & Conservatories

Quality workmanship since 1952

NEWTON ROAD, CHURCHFIELDS, SALISBURY, WILTSHIRE, SP2 7QA

TEL: (01722) 328985 FAX: (01722) 338784 EMAIL: sales@salisbury-glass.com

ORDER FORM

| Customer's Full Name (Block capitals please) | | | | | | |
|---|--------------|---------|-----------|---------------|-------------------------------------|----|
| Date of Birth | | | | | | |
| Business Name (If applicable) | | | | | | |
| Customer's Billing Address: | | | Installat | ion Address: | | |
| Post Code: | | | Post Co | ode: | | |
| Company Registration Numbe (If applicable) | r | | | | | |
| Telephone Number | | | | | | |
| Mobile Number | | | | | | |
| Email Address | | | | | | |
| I/we accept your quotation as detailed below and the terms and conditions contained therein; please proceed with the works accordingly. | | | | | | |
| Quotation Number / Lead num | ber: | | | | | |
| Order Value: (Delete as appropriate) | | | | | Including / Excludin VAT | g |
| Deposit: (Delete as appropriate) | | | | | Cash / Cheque Card / Bank Transf | er |
| I have read and understood the Privacy Notice, which is published on our website at <u>www.salisbury-glass.com</u> , a copy of which is available on request, and I consent to you using my data. Please tick box to confirm. | | | | | | |
| Date: | | | | | | |
| Signature: | | | | | | |
| To be completed by Salisbury Glass Cente Ltd | | | | | | |
| CONTRACT NUMBER | | | | | | |
| VARIATIONS TO ORDER | | | | | | |
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| L/V: TOTA | L VALUE: | | Γ | DEPOSIT RECEI | VED: /// | |
| PAYMENT PLAN % if required | Deposit % | Materia | als % | On site % | Completion % | |

Salisbury Glass Centre, Newton Road, Churchfields, Salisbury, Wiltshire, SP2 7QA.

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