

ORDER FORM

platinumav

AUDIO VISUAL CONSULTANTS

Sales Order No.:

Account Number:	Date:
Contact:	Telephone:
Company:	Fax:
	E-mail:
Invoice Address:	Delivery Address:

Credit Card Holder:	
Card Type:	Card No.:
Card Address:	Valid From:
	Expiry Date:
	Issue No.:
	Security Code:
	Transaction ID:

Product Ref	Description	Qty	Unit Price	Total

PAV Order Ref.:	Delivery Charge:	
	Total (excluding VAT):	
PAV Invoice No.:	Total VAT	
	Total (including VAT):	

Customer Order ref:		
I agree that the details set out on this purchase order are correct and instruct Platinum AV Ltd to proceed in accordance with Platinum AV Ltd standard terms and conditions.		
Signed:		
Name (Block Caps)	Position	Date: