FAX ORDER FORM
Fax to: + 44 (0)1332 362101

COMPANY NAME	CONTACT
TEL	EMAIL
FAX	DATE
DELIVERY ADDRESS	INVOICE ADDRESS (if different)
PO #	VAT #
3prime QUOTE REFERENCE	YOUR 3prime CREDIT ACCOUNT # (if applicable)

PARTS / ITEMS REQUIRED				
QTY	PART #	DESCRIPTION	UNIT PRICE	TOTAL PRICE

SUBTOTAL	
VAT	
TOTAL	

PAYMENT INFORMATION

3prime ACCOUNT	
PROFORMA	
VISA	
MASTERCARD	
SWITCH	
OTHER (Specify)	

CURRENCY

£ (UK STERLING)	
$ (US DOLLAR)	
€ (EURO)	

SHIPPING INFORMATION

3prime COURIER	
OTHER	

SPECIFY COURIER _____

ACCOUNT NO. _____

PREFERRED DELIVERY

SAME DAY	
NEXT DAY	
3 – 5 DAYS	
OTHER	

ADDITIONAL INFORMATION

NAME	SIGNATURE	POSITION	DATE

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE 3prime solutions limited TERMS AND CONDITIONS OF SUPPLY. COPY AVAILABLE ON REQUEST