Faxback Order Form

Photocopy it, fill it, fax it – we'll do the rest!

Customer Name _____ **Contact Name** _____

Order No _____ **Date** _____

A/C No _____ **Telephone No** _____

Delivery Address _____

Invoice Address (if different) _____

PAGE Nº	PRODUCT CODE	DESCRIPTION	PACK SIZE	QTY	PRICE

Special instructions/request for further information

Authorised Signature _____

CJS PORTSMOUTH LTD

All sales subject to our terms and conditions, a copy of which is available on request

A member company of Nationwide Hygiene Supplies and INPACS

Fax your order to **023 9243 4680**