

Please fill in all boxes below and return so we can process the payment. A copy of this form will be attached to your invoice for your records.

**COMPANY DETAILS**

Type of company - public limited / limited / other (please state) \_\_\_\_\_

Full Registered Company Name \_\_\_\_\_

Registered office address \_\_\_\_\_ Registration Number \_\_\_\_\_

\_\_\_\_\_ Date of Registration \_\_\_\_\_

\_\_\_\_\_ VAT Registration No. \_\_\_\_\_

Trading name (if different from registered name) \_\_\_\_\_

Trading Address (if different from registered address) \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**ORDER / DELIVERY DETAILS**

Purchase Order Number \_\_\_\_\_ Maccaferri Order number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Contact Name/Number \_\_\_\_\_

Special Instructions \_\_\_\_\_

In purchasing materials we hereby agree to the Maccaferri Ltd Terms and Conditions of Sale which are available on our website

[www.maccaferri.co.uk](http://www.maccaferri.co.uk) or on request.

We acknowledge that, Maccaferri Ltd and its associated companies worldwide may make use of data concerning our organisation and its personnel for the purpose of this application and related contracts of sale and purchase of goods.

**The information given above is full and correct to the best of our knowledge.**

Signed \_\_\_\_\_ Name \_\_\_\_\_  
(Company Director or Duly Authorised Signatory)

Position \_\_\_\_\_ Date \_\_\_\_\_

Name of Maccaferri Sales Contact: \_\_\_\_\_

**CREDIT CARD AUTHORISATION (if applicable)**Name shown on the card \_\_\_\_\_ **Please Circle**

Card Number \_\_\_\_\_ Validation Code (last 3 digits on signature strip) \_\_\_\_\_

Address where card is held (if different from above) \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Valid from \_\_\_\_\_ Expires \_\_\_\_\_ Issue Number \_\_\_\_\_

Card Holders Signature \_\_\_\_\_ Total amount payable £ \_\_\_\_\_