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CUSTOMER ORDER FORM

NAME Mr/Mrs/Miss/Ms _____

ADDRESS House/Street _____

Town/City _____

County/State _____

Post / Zip Code _____

Country _____

TEL NO Daytime _____

Evening _____

Office Use Only	Quantity	Model Number	Description	Unit Price (GBP)	Total Value (GBP)
SUB TOTAL					
POSTAGE & PACKING					
TOTAL					