

Order form

Company/Organisation name
Contact name
Address
Telephone
Email

Order number
Date
Payment method
<input type="checkbox"/> Invoice 30 days
<input type="checkbox"/> Instalment plan

Asset	Duration	Size	Artwork due	Needs design	Price
Total					

Type of business			
<input type="checkbox"/> Sole trader	Title	First name	Surname
<input type="checkbox"/> Partnership	Full partners names		
<input type="checkbox"/> Ltd company	Company Reg No.		
<input type="checkbox"/> PLC	Company Reg No.		
<input type="checkbox"/> Charity	Registered Charity No.		
<input type="checkbox"/> LLP	Limited Liability Partnership Reg No.		
VAT No.			

Notes

Customer name (PRINT)	Sales name (PRINT)
Customer signature	Sales signature

I agree to the terms and conditions (visit www.portsmouth.gov.uk and search 'advertise')