

# Order form

<b>Company/Organisation name</b>
<b>Contact name</b>
<b>Address</b>
<b>Telephone</b>
<b>Email</b>

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

Asset	Duration	Size	Artwork due	Needs design	Price
<b>Total</b>					

<b>Type of business</b>			
<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.		
<b>VAT No.</b>			

<b>Notes</b>
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<b>Customer name (PRINT)</b>	<b>Sales name (PRINT)</b>
<b>Customer signature</b>	<b>Sales signature</b>

I agree to the terms and conditions (visit [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk) and search 'advertise')