Fax Marketing:

Order Form

Please complete where applicable and fax back to 01270 259001. Cancellation charges may apply if the order is cancelled after your order has been placed.

BROADCAST SPECIFICATIONS

TARGET CATEGORY	QUANTITY

TRANSMISSION DATE _____

REPORT TYPE _____ A Summary Report is included. Add 0.5p per fax for a Full Report

PEAK/OFF PEAK _____ Peak transmission times are from 8am to 6pm weekdays.

TOTAL _____

UNIT COST _____

TOTAL COST _____

BOOKING NOTES

Before we commence your transmission we will need:

- This order form to be signed & returned;
- The Fax Marketing Terms & Conditions document signed and returned (1st order only);
- Payment in accordance with the above terms & conditions.

A director, partner, proprietor or other authorized representative must sign these forms.

If an invoice has been issued based on credit card security the card details we hold will be used to settle the balance in full if payment is not received within 7 days.

AUTHORISATION

I authorise the above specified fax transmission and I have read and accept the Terms & Conditions currently in effect.

Print Name .....

....

Signature Date Position in company .....

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