

# **CAMBRAI COVERS ORDER FORM**

(our order ref.)

**PLEASE COMPLETE BOTH SIDES IN BLOCK CAPITALS. Thank you!**

**Clients Details – Purchase Order No. if applicable :** \_\_\_\_\_.

Name.....Date of Order .....

1. Address.....TEL.....

.....FAX.....

.....MOBILE.....

.....Post code.....EMAIL.....

2. Delivery address (If different from above). Do you want to collect your cover? YES / NO

.....

.....

.....Post code..... Please indicate invoice address 1 / 2

## **Aircraft Covers Required.**

### **Quantity**

### **Price**

.....Type..... Fabric Colour..... £.....

.....Type..... Fabric Colour..... £.....

.....Type..... Fabric Colour..... £.....

.....Type..... Fabric Colour..... £.....

Add £25.00 for Embroidery or £15.00 for Stencil £.....

Add £12.00 Overnight Carriage (UK Inland Only) £.....

Total Cost of Above Items £.....

Calculate Amount of VAT at 17.5% (UK & EC Only) £.....

**TOTAL VALUE OF ORDER** £.....

**Payment is required with order. Please enclose Cheque OR complete your credit card details below**

Preferred Method of Payment :- CREDIT CARD /...../ CHEQUE /...../ TRANSFER /...../

For Office Use: **Payment Enclosed (cheque payments only)** £..... rec.  accepted by:

CREDIT CARD DETAILS :- Name on Card:-.....

CARD NUMBER :- \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

START DATE \_ \_ / \_ \_ EXPIRY DATE: \_ \_ / \_ \_ SWITCH ISSUE NUMBER: \_ \_ / \_ \_

SECURITY / NO \_ \_ \_ \_ CARD HOLDERS POSTCODE \_ \_ \_ \_ \_ HOUSE / NO \_ \_ \_ \_

**Please supply Covers as here ordered. I agree to abide by Cambrai Covers Terms and Conditions.**

Signed..... Please Print Name.....

**PLEASE COMPLETE AIRCRAFT INFORMATION ON THE REVERSE OF THIS FORM**

Cambrai Covers, Apple Tree Works, Langtoft, Drifffield East Yorkshire YO25 3TN ENGLAND

Opening Hours: 08:30 – 16:30 UTC (BST +1h) Monday – Friday

