

Abbreviations used in Clinical Trials - Order Form



Purchasers Details	
Name	
Email	
Phone	

Order Quantity	Cost
1	£7.50
2	£5.00
3	£3.00
4	£2.50
For numbers above this please contact the Ops Director for a quote	

Order	
Quantity	
Total (£)	

Payment
I wish to pay by Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> AMERICAN EXP (extra charges will apply) <input type="checkbox"/> Card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name (as it appears on the card) _____
I wish to pay by Invoice <input type="checkbox"/> Purchase Order Number <input type="text"/> Invoices can only be raised when a PO no. is provided

Delivery Address	
Postcode	

Billing/Invoice Address	
Postcode	

For Office Use Only		
Order taken on (date)	Payment taken (date)	Sent (date)