

Abbreviations used in Clinical Trials - Order Form



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Phone	

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Total (£)	

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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"/> <input type="text"/> Start Date <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"/> 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)