

NUMBER PLATE ORDER FORM

1. CLIENT DETAILS

NAME :	
TEL :	
ID :	
ORDER NR :	

2. PLATE DETAILS

VIN NR :								
REG NR :								

3. TYPE (PLEASE MARK BOXES CLEARLY WITH "X")

PLATE WITH SUN <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">PERSPEX</td></tr> <tr><td style="text-align: center;">NORMAL LENGTH</td></tr> <tr><td style="text-align: center;">QUANTITY</td></tr> </table>	PERSPEX	NORMAL LENGTH	QUANTITY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">OR</td></tr> <tr><td style="text-align: center;">OR</td></tr> <tr><td style="text-align: center;">1</td></tr> </table>	OR	OR	1	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">ALUMINIUM</td></tr> <tr><td style="text-align: center;">EXTRA LONG</td></tr> <tr><td style="text-align: center;">OR</td></tr> <tr><td style="text-align: center;">2</td></tr> </table>	ALUMINIUM	EXTRA LONG	OR	2
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PLATE WITH BLANK BACK <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">PERSPEX</td></tr> <tr><td style="text-align: center;">NORMAL LENGTH</td></tr> <tr><td style="text-align: center;">QUANTITY</td></tr> </table>	PERSPEX	NORMAL LENGTH	QUANTITY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">OR</td></tr> <tr><td style="text-align: center;">OR</td></tr> <tr><td style="text-align: center;">1</td></tr> </table>	OR	OR	1	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">ALUMINIUM</td></tr> <tr><td style="text-align: center;">EXTRA LONG</td></tr> <tr><td style="text-align: center;">OR</td></tr> <tr><td style="text-align: center;">2</td></tr> </table>	ALUMINIUM	EXTRA LONG	OR	2
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OTHER : PLEASE SPECIFY	
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For Office Use

DATE : _____ SIGNATURE : _____