

**Order Form** *Please fax or post to:-*

**Starport (UK) Ltd, PO Box 158, Manchester, M7 4QG, United Kingdom**  
**Tel: 44-(0)161-705-0104 Fax: 44-(0)161-705-0103**

Customer Name: \_\_\_\_\_ Company: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_ Zip / Post Code & Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Order Details:**

*Please note that faxed or posted orders can only be accepted in GBP (UK Sterling) unless otherwise arranged with the Company*

Quantity	Product	Unit Price £	Total Price £
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping \_\_\_\_\_

VAT 17.5% (European Union only) \_\_\_\_\_

TOTAL \_\_\_\_\_

I enclose Cheque / Check / IMO or I wish to pay by Credit / Debit Card as follows:

Card Type: \_\_\_\_\_ Card Holder Name\*: \_\_\_\_\_

Card Holder Address\*: \_\_\_\_\_

\_\_\_\_\_ Card Holder Phone Number\*: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Issue Number (if Switch or Debit): \_\_\_\_\_ Valid From (if Switch or Debit): \_\_\_\_\_

I the Card Holder authorise you to debit my account for the above order.

Signed by Card Holder: ..... Date: \_\_\_\_\_

*\* Required information if payment is by card*