

# Fax Order Form





Please fill in the following information and then fax to Breathing Space UK on 01207 507 333.

Once we have received your order via fax, we will contact you with a confirmation number and your order will be with you in 3 working days. For any queries, please contact us on 0700 252 5000.

|                                   |  |                                       |                                      |
|-----------------------------------|--|---------------------------------------|--------------------------------------|
| <b>Product Details</b>            |  |                                       |                                      |
| Product Type: (tick relevant box) | Air Conditioner <input type="checkbox"/> | Dehumidifier <input type="checkbox"/> | Air Cleaner <input type="checkbox"/> |
| Model Ref: (eg. Bosch 08003)      | <input type="text"/>                     |                                       |                                      |
| Price:                            | £ <input type="text"/>                   |                                       |                                      |

|                                 |  |
|---------------------------------|--|
| <b>Company/Personal Details</b> |  |
| <b>Purchase Details:</b>        | <b>Delivery Details: (if different):</b> |
| Name: _____                     | Name: _____                              |
| Address: _____<br>_____         | Address: _____<br>_____                  |
| Postcode: _____                 | Postcode: _____                          |
| Tel No: _____                   | Tel No: _____                            |
| E-mail: _____                   | E-mail: _____                            |

|   |   |
|---|---|
| <b>Payment Details</b>  |   |
| I wish to pay by credit card  |  <input type="checkbox"/>  <input type="checkbox"/>   |
| Credit card details:  | <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"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| Expiry date:  | <input type="text"/> / <input type="text"/>   |
| Name of cardholder:   | <input type="text"/>  |
| Address of cardholder (if different from purchase details above):   |   |
| <input type="text"/><br>_____   |   |
| <input type="text"/><br>_____   |   |
| Signature: _____  | Date: _____   |
| For office use only:  |   |
| <input type="text"/><br>_____   |   |
| From time to time Breathing Space UK may wish to provide you with information regarding products and services offered. If you do not wish to receive this information, please tick this box. <input type="checkbox"/> |   |