

ADJUSTMENT FORM Please complete these details:



Agent's Name: Agency No:

ADDRESS:

POSTCODE:

HOME TEL No: } Please include your Area Code

WORK TEL No:

MOBILE No:

ORDER AMENDMENTS Please amend the following order:

Additional Orders:

Customer Name: Customer No:

Product	Code	Quantity

Please use this section to inform us of your customers additional orders.

Cancellation of Order:

Customer Name: Customer No:

Product	Code	Quantity

Agent please note: When we receive a cancellation of a customer's total order, we will deduct the total amount of that customer's payment from your Agency in order to deal with your customer's refund as outlined in our Terms & Conditions of sale. Please adjust your records accordingly.

Total paid £

When Customers are cancelling their **TOTAL** order, the Customer's **Payment Card** should be enclosed.
IMPORTANT: REFUNDS MUST ONLY BE MADE BY FAMILY AND NOT BY THE AGENT.

CHANGE OF ADDRESS

Customer Name:

Customer No:

Old Address:

POSTCODE:

New Address:

POSTCODE:

HOME TEL No:

WORK TEL No:

MOBILE No:

} Please include your Area Code

STATIONERY REQUEST FORM

PLEASE STATE QUANTITY		PLEASE STATE QUANTITY	
Catalogues	<input type="text"/>	Adjustments Forms	<input type="text"/>
Customer Order Forms	<input type="text"/>	Payment Record	<input type="text"/>
Freepost Envelopes	<input type="text"/>	Agent's Guide	<input type="text"/>
Order Summary Sheets	<input type="text"/>	Giro Sheets (6 Giros per sheet)	<input type="text"/>

Please quote your Agency Number on all correspondence

Further Comments: