J.J. Vaillant Ltd. **ORDER FORM** **FAX No; 0121 380 0726**

COMPANY NAME	CONTACT NAME	ACC NUMBER

ADDRESS;

TELEPHONE NUMBER	FAX NUMBER	EMAIL
DATE REQUIRED	**PALLETS ACCEPTED**	**OPEN / CLOSED HRS / DAYS**
PARKING RESTRICTIONS;		

QTY	CODE	VALUE	QTY	CODE	VALUE
REQUEST ITEMS ON BACK ORDER			REQUEST ITEMS ON BACKORDER		