

PAINSMITH LEGAL HELPLINE FORM

This form to be returned to: PainSmith Solicitors, 1 Mansfield Business Park, Lymington Bottom Road, Station Approach, Medstead, GU34 5PZ

Relocation Agents (prices include VAT @ 20%)	
Full year 1 st August 2015-31 st July 2016	£660 (Inc VAT)

Organisation Name:	_____	Identity No:	_____
Address:	_____ _____ _____	Contact Name:	_____
Post Code:	_____	Email Address:	_____
Telephone Number:	_____ _____		_____

VAT INVOICE SENT OUT ON RECEIPT OF PAYMENT

Payment Methods (please note that American Express is not accepted) (Tick and complete as appropriate)

Credit Card	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Bank/Internet Payment	<input type="checkbox"/>
Credit/Debit Card No	_____	Identity No	_____	Bank	Clydesdale
Start Date	_____	Account Name	PainSmith Office Account	Account No	10236311
End Date	_____	Account No	10236311	Sort Code	82 60 34
Security Code	_____				
Post Code	_____				

Data Protection Please tick if you **do not wish** PainSmith to use the information provided for internal marketing. Under no circumstances will the information provided be passed to third parties.