PAINSMITH LEGAL HELPLINE FORM

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Single Office User**  **(prices include VAT @ 20%)** | | **Multi Office User – up to 6 additional offices (prices include VAT @ 20%) - For more than 6 offices please call to discuss** | |
| **Up to 31st July 2019**  **(£400.00 excl VAT)** | **£480.00**  **(incl VAT)** | **Full year**  **Up to 31st July 2019** | **Single Office Rate of £480.00 + £240**  **(incl VAT) for each additional office** |
| **Single Office + £240 for each additional office** | | | |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **(tick as appropriate)** | **Single Office User**  **□** | **Multi Office User**  **□** |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation Name: |  | **Identity No:** |  |
| **Address:** |  |  |  |
|  |  | **Contact Name:** |  |
|  |  |  |  |
|  |  | **Email Address:** |  |
| **Post Code:** |  |  |  |
| **Telephone Number:** |  |  |  |
|  |  |  |  |

**For Multi Office Users please fully complete details for all additional branches below:**

|  |  |
| --- | --- |
| Branch Name/Address: |  |
|  |  |

|  |  |
| --- | --- |
| Branch Name/Address: |  |
|  |  |

|  |  |
| --- | --- |
| Branch Name/Address: |  |
|  |  |

|  |  |
| --- | --- |
| Branch Name/Address: |  |
|  |  |

|  |  |
| --- | --- |
| Branch Name/Address: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Single/Initial office | @ see above for rate |  |
| Additional Offices | @ see above for rate |  |
|  | Total (incl VAT) |  |
|  |  |  |
| **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          **□** | | Cheque     **□** | Bank/Internet Payment  **□** | |
| Credit/Debit Card No |  | | Identity No |  |
| Start Date |  | | Bank | Clydesdale |
| End Date |  | | Account Name | PainSmith Office Account |
| Security Code |  | | Account No | 10236311 |
| Post Code |  | | Sort Code | 82 60 34 |
|  |  |  |  |  |

Data Protection         **□**Please tick if you are happy for Painsmith to use the information provided for internal marketing.  Under no circumstances will the information provided be passed to third parties.

Data submitted in this form will be held and used in accordance with our privacy policy on our website.