

HOW TO ORDER **TEL**

Call the Chirus Sales Department on:
(01923) 212744 [UK]
+44 (0)1923 212744 [International]

 **FAX**

Complete the ORDER FORM overleaf or use official purchase order form and fax to:
(01923) 244751 [UK]
+44 (0)1923 244751 [International]

 **EMAIL**

Email the information requested on the ORDER FORM overleaf to:
sales@chirus.com

 **POST**

Complete the ORDER FORM overleaf or use official purchase order form and mail to:

United Kingdom orders
[postage NOT required]

Chirus Limited
FREEPOST NAT2113
Watford
WD18 8BR

International orders
[postage required]

Chirus Limited
Park House
15-23 Greenhill Crescent
Watford Business Park
Watford
Hertfordshire WD18 8PH
United Kingdom

Notes

- If you have access to a scanner, the completed ORDER FORM can be scanned and converted to an image and sent via email. Most image file formats as well as PDF are acceptable.
- For product prices, use the POINT OF CARE TESTS PRICE LIST, a copy of which is available upon request. Alternatively, contact Chirus for a quote.
- The carriage charge is levied on a weight basis. Contact Chirus for a quote.
- Orders from NHS trusts must be accompanied by a purchase order no if the invoice is to be sent to the trust's finance department.
- Orders received by 3:30pm are dispatched the same day for delivery the following working day. Orders received after 3:30pm are dispatched the following working day. Contact chirus for same day deliveries.
- All goods are sold subject to the Chirus Standard Conditions of Business, a copy of which is available upon request.

**ORDER
FORM**

PRODUCT	PRODUCT CODE	QUANTITY	PRICE/PACK (exc VAT)	SUBTOTAL (exc VAT)
			TOTAL (exc VAT)	
			CARRIAGE (exc VAT)	Contact Chirus

INVOICE ADDRESS	
Organisation _____	
For the Attention of _____	Unit/Department _____
Address _____	
City/Town _____	County _____ Post Code _____
Tel No _____	Purchase Order No _____
Tick box if you wish to have the invoice included with the order <input type="checkbox"/>	

DELIVERY ADDRESS	
Organisation _____	
For the Attention of _____	Unit/Department _____
Address _____	
City/Town _____	County _____ Post Code _____
Tel No _____	

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