HAGS®

Inspiring all generations

Order Form

For HAGS supply & installation project

Date 25/4/25

our PO Nu	mber: STC	to i i				
Company Name Address 1 Address 2 Address 4 Town County Post Code		Park read E	DELIVER TO Project / Delivery Contact Name Site Name Address 1 Address 2 Address 3 Address 4 Town County Post Code	Angela Soundhur As - Con addre	Carey St Town	, Caur
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PAYM	IENT TERMS A	RE STRICTL erwise agreed)	Y 30 days	VAT@20%	19150 - 9 9630 - 9	20.
receive of Order Action 2 In signification	otify us immediately delivery / installation cknowledgement ng this order form yo ons (as detalled)	if you are unable as specified in ou	li .	TOTAL S	<u>560,60 -</u>	

3. Payment terms are subject to status

CAUTION BILLING SIGNATURE Date 25 14 25 Print name:

Angela Carey. Escecutive office!