



## Special Order Tyre authorisation form

Please complete this form in full and either fax or mail it back to North Hants Tyres Ltd, so that we may proceed with your order immediately

### Delivery Address if Different

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Post Code: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Front Tyres

### Rear Tyres

Tyre Size: \_\_\_\_\_

Tyre Size: \_\_\_\_\_

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Type: \_\_\_\_\_

Type: \_\_\_\_\_

Quantity: \_\_\_\_\_

Quantity: \_\_\_\_\_

Price each + vat: \_\_\_\_\_

Price each + vat: \_\_\_\_\_

My signature confirms, that I am entering into a **legal contract** with North Hants Tyres Ltd, and by completing in full the above form, I have placed a **Special Order** for Tyres with North Hants Tyres Ltd. I understand, that based on the custom manufacturing process and type of finish ordered, the manufacture of this order could take between 8-12 weeks (and in some cases in excess of 12 weeks) Please note, **this does not include shipping time to the UK**, which could take a further 4-6 weeks. I am fully aware that **Special Orders** are **non returnable** to North Hants Tyres Ltd, and that this order will not be processed until a method of payment has been secured.

Customers Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

North Hants Tyre & Re-Moulding Co Ltd.  
Henry John House, 2 Ivy Road  
Aldershot.  
Hampshire.GU12 4TX  
Company Registration 514164 England

Telephone No: 01252 318666  
E-Mail: sales@northhantstyres.com  
www.northhantstyres.com  
V.A.T No GB 188 5083 27



## Credit Card authorisation form

**CARD DETAILS**  
**ONLY TO BE COMPLETED BY NORTH HANTS TYRES**  
**PLEASE DO NOT FILL IN THEN SEND BY POST OR EMAIL !!**

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

CV2 No: \_\_\_\_\_

Issue No: \_\_\_\_\_

**CUSTOMER TO FILL IN DETAILS BELOW**

Card Holders Details Only  
(address to which card is registered )

Name as on Card: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Post Code: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

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