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CANCELLATION FORM

Customer's Full Name	
Business Name (If applicable)	
Customer's Billing Address	
Post Code	
Installation Address	
(If applicable)	
Post Code	
Company Registration Number (If applicable)	
Telephone Number	
Mobile Number	
Facsimile Number	
Email Address	
In accordance with your Terms of Business I/We wish to cancel the order detailed below.	
Quotation Number	
Order Value	£ Including / Excluding
(Delete as appropriate)	VAT
Deposit Paid	£
(Delete as appropriate)	
Order Reference/Details	
Signed	
(Duly authorised signature) Name	
(Block capitals please)	
Date	

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