Term Assurance Order Form

MERCANTILE EQUITY

Customer Information			
Company Name			
Contact Name			
Company Address			
Town			
County		Postcode	
Telephone			
Mobile No			
Fax No			
Contact Email Address			
Other Information			

Order Details					
Lead Type	Quantity	Daily Cap	Weekly Cap	Price	Total
Term Assurance				£50.00	£
		Start Date	/ /	Total	£

Payment Details

Bank Transfer ☐ **Credit Card*** ☐ **Debit Card** ☐

I authorise you to debit my credit card account in respect of my purchases as catalogued above
** 2% Credit Card fee applicable*

Method of Payment *Please Tick*

Master ☐ **Visa** ☐ **Switch/Solo** ☐ **Delta** ☐ **Electron** ☐

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date ☐☐☐☐ **Valid From (Switch)** ☐☐☐☐ **Switch Issue No** ☐☐ **Sec No** ☐☐☐

Name: **Signature:** **Date:** / /

*Please fill in all the blank fields above and fax the completed form to **0870 888 0051.** An Invoice will be forwarded immediately but the Campaign will only be made live once payment has been received*

Company:	_____	Company:	_____
Name:	_____	Name:	_____
Position:	_____	Position:	_____
Date:	_____	Date:	_____
Signature:	_____	Signature:	_____

I hereby confirm that I have read and accept Mercantile Equity's Terms & Conditions at
www.mercantileequity.com/tcs.cfm