



Special Order wheels 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: _____

Vehicle Details

Year: _____ Make: _____ Model: _____

Front Wheels

Rear Wheels

Wheel Size: _____

Wheel Size: _____

Bolt Circle needed: _____

Bolt Circle needed: _____

Backspace needed: _____

Backspace needed: _____

Wheel Price each: _____

Wheel Price each: _____

Quantity needed: _____

Quantity needed: _____

Type of wheel I am ordering (e.g: Smoothies, Torq Thrust): _____

Type of wheel Finish: Chrome / Polished / Bare / Others: _____

Wheel accessories required: (eg Centre Caps/Trim Ring etc) _____

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 wheels 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
Fax No: 01252 318777
E-Mail: sales@northhantstyres.com
www.northhantstyres.com
V.A.T No GB 188 5083 27



Credit Card authorisation form

Card Number: _____/_____/_____/_____

Start Date: _____/_____/_____ Expiry Date: _____/_____/_____

CV2 No: _____ (see below)

Issue No: _____ (Switch, Maestro only)

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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