

HITECH SECURITY PRINT LTD.



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SECURITY FIVE PART TICKET

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COMPANY NAME

TEL. No.

INVOICE ADDRESS

FAX No.

FULL NAME

DELIVERY ADDRESS

SPECIAL REQUEST(S):
e.g. Foiling, Special Numbering etc.

1. No of Tickets Required

2. Number Per Book

3. Your Purchase Order Number

4. Date Ordered

5. Date Required

REVERSE PRINT IF REVERSE PRINT IS REQUIRED PLEASE SEND RELEVANT INFO ON A SEPERATE SHEET.

FOIL TYPE - PLEASE TICK IF REQUIRED

HOLOGRAPHIC FOIL **METALLIC FOIL (SECURE)**

DESPATCH METHOD REQUIRED (Please Tick)	<input type="checkbox"/>	DELIVERY BEFORE 5:30pm	<input type="checkbox"/>
	<input type="checkbox"/>	DELIVERY BEFORE 12 NOON	<input type="checkbox"/>
	<input type="checkbox"/>	CUSTOMER TO COLLECT	<input type="checkbox"/>

COLOURS AND CODES - PLEASE TICK

<input type="checkbox"/> 03 - GREEN	<input type="checkbox"/> 04 - PURPLE	<input type="checkbox"/> 05 - ORANGE	<input type="checkbox"/> 06 - GREY	<input type="checkbox"/> 01 - BLUE	<input type="checkbox"/> 02 - RED
<input type="checkbox"/> 07 - BROWN	<input type="checkbox"/> 08 - YELLOW				

