IMPLEMENT AND TOOL SALE BOOKING FORM

information as possible)

Keeper/Firm Name:

(As it appears on your bank statement)

Address:

ITEM

Contact Number: _____

Email Address: _____

DETAILS (e.g. make/model, condition etc. please provide as much

VAT Number: _____

VAT Registered: YES / NO



(01856) 872520 mail@orkneymart.co.uk

RESERVE (if

applicable)