ORDER FORM

Part/Ref Nbr	Description	Quantity

Account Number (if known) . . . . . .

Name . . . . . .

Address . . . . . .

. . . . . .

. . . . . Postcode . . . . . .

Telephone Number . . . . . .

Please complete and either call or fax using the numbers below:

Tel**: 0845 166 2314** Fax**: 0845 166 2315**

Saffron Electronics Ltd, 3/04 St. Albans House, St. Albans Road, Stafford. ST16 3DR