INSTRUCTION FORM

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Please complete and return this form at least 24hrs before the site visit

Client Name		
Invoicing Address		
Your Reference – if any (Purchase order No.)		
Contact telephone numbers	Landline:	Mobile:
Site Contact	Name:	Mobile:
Site full postal address		

1. Full payment to be made within 30 days of the date of issue of our invoice

This is a formal appointment of KP Acoustics Ltd. to undertake and fulfil the scope of work referenced …….. Terms of contract of KP Acoustics Ltd. can be provided upon request.

Print Name: **Date:**

Signature: