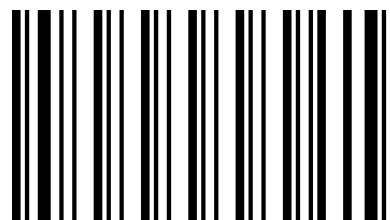


Click & Drop Emergency order form

Customer Name:
 Contact Name:
 Customer Posting Location Postcode:
 Collection Date:

Customer Collection Receipt B



6666666666

Weight Summary

Account	Service	Total Weight (g)	Quantity
<i>e.g. 0123456789</i>	<i>SD Guaranteed by 1pm (£1,000 compensation)</i>	<i>5000</i>	<i>1</i>

Control Totals

Number of Bags	Number of Pouches Items Collected
Collection Date Stamp		
Accepting Officer Signature		
Collection Time		