



ORDER FORM

Retro-fit L.E.Ds

Name _____

Address _____

_____ Post code _____

Pick up address if different from the above _____

_____ Post code _____

Telephone (day) _____ (evening) _____

Payment details; cheque cash Visa/Mastercard

Instrument make _____ model _____ Serial No _____

Please state dot marker lense type.

Number of front face (state number) [] Pearl []

Number of top edge (state number) [] Black []

Total number of L.E.Ds required [] Abalone []

Magnifier []

Colour of LEDs	Number	Top edge	Front face
Red	[]	[]	[]
Gold	[]	[]	[]
Green	[]	[]	[]
Blue	[]	[]	[]

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