

# ED ARCADE Order Form

School Name

Payment Reference (Purchase Order Number)

School Address

Street Address

Address Line 2

City

Postcode

County / State / Region

Country

Main Point of Contact.....

Title

First Name

Surname

Position

Contact Number

Email Address

Finance Officer.....

Title

First Name

Surname

Position

Contact Number

Email Address

# ED ARCADE Order Form

## IT Administrator .....

Title

First Name

Surname

Position

Contact Number

Email Address

## Terms and Conditions .....

By submitting this form, you agree to the processing of personal data according to the privacy policy.

I have read and accept the terms and conditions

Opt-in to email updates Including monthly newsletters, important dates, updates and promotions.

I would like to receive emails regarding updates and promotions

NB. All invoices are payable within 14 days, once the order is received EDArcade will be in touch to collate necessary information ready for the website to go live once the payment has been received.

## Your Details .....

Title

First Name

Surname

Position

Email Address

Signature

Date