

Davis Bell McCraith LLP
4 Stable Courtyard, Leigh Court
Abbots Leigh, Bristol, BS8 3RA
Tel; 01275 434 980, Fax 01275 595007
email; info@dbmwines.co.uk

DAVIS BELL McCraith

web:www.dbmwines.co.uk

Standing Order Subscription Form

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Title; _____
Name; _____
Address _____

Postcode _____ Home Tel; _____
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Your Bank Details

To; (Name of your bank) _____
Address; _____

Postcode _____
Name of account to be debited _____

Account Number _____
Sort Code _____
Signature _____
Date _____

Please pay; DBMWines
Lloyds TSB, 14 Castle Street, Cirencester, GL7 1QJ
Account no **00763428** Sort Code **30 92 06**
Quote Ref; (DBM to complete) _____
the sum of £ _____
Amount in words _____
Commencing (date) _____

And thereafter every 1st of each month until you receive notice from me/us in writing, and debit my/our account accordingly.

Please return a signed copy of this document to us at the address above.

The bank require an original signature to activate the standing order.

Cancellation; You may cancel this instruction at any time by contacting your bank

For Office Use;	DBM a/c number;	_____
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