



# ONE EVENT LICENCE ORDER FORM -2019

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400

Licence Dept. Fax: **01788 552967** email: [licence@acu.org.uk](mailto:licence@acu.org.uk)

One Event Licence books are available to ACU Centres and Clubs at a cost of **£100.00 per book of 10 licences**. Clubs are to charge £15.00 per licence. This includes an admin fee of £5.00 to be retained by the issuing Club. Please ensure that all copy licences are returned to the **ACU Licence Department** within 14 days of the event.

Please return completed order forms to the ACU office and allow at **least 7 working days** for your order to be processed.

**Name of Organiser :**

Name and address to which **order** should be sent:

Name:	Daytime phone no:
Address:	
Postcode:	

Please tick the **type of event** the One Event Licences will be issued for:-

Motocross:       Grass Track:       Enduro:       Drag:       Sprint:       Hillclimb:

If you are purchasing these licences for a specific event please provide the information below

Event ..... Permit no.....

If you are unsure of the event the licences will be allocated for or purchasing in bulk - please tick this box

Number of One Event Licence <b>books</b> required:	Total cost: £
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## Payment

**Either** : Cheque made payable to 'Auto-Cycle Union Limited' is enclosed - Please tick

**OR** Request Invoice to be forwarded to the Organiser - Please tick

**OR** Enter the details of a Credit or Debit Card at the bottom of the page

### FOR ACU OFFICE USE ONLY: - SENT

One Event Licence books numbered from:	to:	Date sent:
Order number:	Invoice number:	

### FOR ACU OFFICE USE ONLY: Record of returned copies

Date received	Numbered From	To	Total	Date of Event	Credit Note number

If paying by Bank transfer,, our bank details are : Sort Code No: 30-97-17 Account No: 00665774

If payment is to be taken using a credit / debit card, please enter details :

Card number:

Expiry date:     Issue no :   Start date:     Last 3 digits on signature panel:

Billing Address - First Line ..... Town ..... Postcode .....

Cardholder's name:  Cardholder's signature: