



ONE EVENT LICENCE ORDER FORM -2021

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

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 books required: | Total cost: £ |
|--|----------------------|

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 |
|---------------|---------------|----|-------|---------------|--------------------|
| | | | | | |
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| | | | | | |



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: