

## LawKits Order Form

Our new price packages are designed to save you money at the same time as winning new clients. Our clients have found that LawKits do exactly as intended and generate new business from prospects and existing clients. Now with our new price packages you can find out for your firm too!

Choose the pack you would like and fax back your order form, and within two weeks you could be in receipt of your own practice branded LawKits!

Please tick

**£795**  
**THE STARTER PACK** ~~£990~~ + VAT  
**5** Three sets of LawKits (1,000 of each)  
 (additional LawKits including artwork at £325 per 1000)

Please tick

**£995**  
**Premier**  
**THE SIX PACK** ~~£1,650~~ + VAT  
**10** Six sets of LawKits (1,000 of each)  
 (additional LawKits including artwork at £295 per 1000)

Please tick the LawKit titles you require

- |                                                  |                                               |                                                 |
|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Accidents at Work       | <input type="checkbox"/> Family               | <input type="checkbox"/> Personal Injury        |
| <input type="checkbox"/> Commercial Law          | <input type="checkbox"/> Medical Negligence   | <input type="checkbox"/> Road Traffic Accidents |
| <input type="checkbox"/> Criminal Law            | <input type="checkbox"/> Moving Home          | <input type="checkbox"/> Trips and Slips        |
| <input type="checkbox"/> Disputes and Litigation | <input type="checkbox"/> Wills and Wealth     |                                                 |
| <input type="checkbox"/> Employment              | <input type="checkbox"/> Title of your choice | <input type="text" value="please specify"/>     |

**ORDER NOW** and start reaping the rewards of these innovative cross selling tools. Please complete the following details and fax to 01275 858884

|               |                      |      |                      |
|---------------|----------------------|------|----------------------|
| Signature     | <input type="text"/> | Date | <input type="text"/> |
| Contact Name  | <input type="text"/> |      |                      |
| Practice Name | <input type="text"/> |      |                      |
| Address       | <input type="text"/> |      |                      |
|               | <input type="text"/> |      |                      |
| Email Address | <input type="text"/> |      |                      |
| Telephone     | <input type="text"/> |      |                      |