

Split Invoicing Form

IMPORTANT: Complete **ALL** sections in **BLOCK CAPITAL LETTERS** and ensure **ALL** text is clear and legible. Failure to comply **WILL** lead to the test being subject to delay and administration fees.

Case Reference
(for internal use only)

Solicitor Details

As the lead solicitor for this instruction, you agree to make payment for all costs relating to this instruction should the other parties included on this form refuse to settle the split invoices raised to them. Please do not include members of the public on this form. Members of the public need to pay for all testing in advance.

Please contact your account manager if you have any queries.

Lead Solicitor Name	<input type="text"/>		
Practice Name	<input type="text"/>		
Solicitor Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>

Solicitor Name	<input type="text"/>		
Practice Name	<input type="text"/>		
Solicitor Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>

Solicitor Name	<input type="text"/>		
Practice Name	<input type="text"/>		
Solicitor Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>

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Continued from page 1

Solicitor Name	<input type="text"/>		
Practice Name	<input type="text"/>		
Solicitor Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>

Solicitor Name	<input type="text"/>		
Practice Name	<input type="text"/>		
Solicitor Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Party Represented	<input type="text"/>	Reference No.	<input type="text"/>
Purchase Order No.	<input type="text"/>	Share to be invoiced (e.g. 1/2, 1/4 etc.)	<input type="text"/>

Solicitor Name	<input type="text"/>		
Practice Name	<input type="text"/>		
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Telephone	<input type="text"/>	Email	<input type="text"/>
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