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## Testimonial

Name:  
Company:  
Tel:  
Email:

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Testimonial:

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### Disclaimer

*I hereby give consent to Shawcity Limited to use the above testimonial as part of their marketing communications, including: advertisements, printed media, online sources and other sources as necessary as they present themselves. I can confirm that the testimonial is from my own knowledge and experience of Shawcity Limited and that I am authorised to sign this document on behalf of my own company.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please fax back to 01367 242 491**

Please note: Your details and testimonial will not be passed onto third parties and you will be contacted prior in the event of the testimonial being used.