Grahame Gardner/Vitality Order Form

NAME _____

PROFESSION _____

DELIVERY ADDRESS _____

_____

POSTCODE _____ **EMAIL** _____

ORDER DATE _____

TEL.No (Office) _____

(Home) _____

FAX _____

ACCOUNT No _____

OFFICE USE ONLY

STYLE No (ITEM)	COLOUR	TRIM	BUST/CHEST	WAIST	HIP	LENGTH	UNIT PRICE	VAT	SUB TOTAL	QUANTITY	TOTAL

Maestro VISA MasterCard DELTA

I wish to pay by (please tick one box)

UK CHEQUE (PAYABLE TO GRAHAME GARDNER LTD) ☐

POSTAL ORDER ☐ MASTER CARD ☐ DELTA ☐

VISA ☐ MAESTRO ☐

Credit card issuing bank _____ Expiry date ☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security Code ☐☐☐ Start date ☐☐☐☐

SIGNATURE

CARDHOLDER DETAILS (If different from above)

NAME _____

DELIVERY ADDRESS _____

_____

_____

POSTCODE _____

ORDER TOTAL

CARRIAGE
(ORDERS OVER £200 CARRIAGE PAID)
BUSINESS £4.95 + V.A.T.
HOME £5.95 + V.A.T.

TOTAL TO PAY