# ORDER FORM – please complete in block capitals

| | | | |
|---|---|---|---|
| Crown Hill<br>Ashdon<br>Saffron Walden<br>Essex, CB10 2HB<br>T: 01799 584362 | Name: | Alternative delivery address | For Office Use Only |
| | Address: | | Order No:<br>B<br>Received:<br>Dispatched:<br>Carrier:<br>Notes: |
| | | | |
| | | | |
| | | | |
| | Post Code: | | |
| | *Tel: | Tel: | |

***NO orders accepted without valid telephone number**

| Qty | Item | Each | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Nominate substitutes or continue with order : | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Sub total: | |
| | | (Please leave open for our completion) Carriage: | |
| | | **TOTAL** (inc. VAT)**:** | |

**Payment details:**

I wish to pay by Visa Debit, Visa Credit, Mastercard, (please tick)

Card No: _____ _____ _____ _____ Security code (last 3 digits on reverse) _____

Issue date:_____ Expiry date: _____ _ Name of cardholder: _____