**Tel/fax 02380 909094**

# ORDER FORM

**Name**
**As appears on Your card**

**Address**
**Inc.postcode**

**e.mail address**

**Tel.No**

| Item Code | Description | Colour | Size | Qty | Price |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**TOTAL**

Type of card

Card No.

Issue No.

Expiry date

Security Code
(LAST 3DIGITS OF NUMBER ON BACK OF C/CARD)

**ALL CHEQUES SHOULD BE MADE PAYABLE TO PREMIER WHOLESALE**