

# ORDER FORM



## BILLING ADDRESS (SENDER):

NAME	_____
COMPANY	_____
ADDRESS	_____
	_____
TELEPHONE:	_____
FAX:	_____
EMAIL:	_____

## SEND TO (RECEIPT)

NAME	_____
COMPANY	_____
ADDRESS	_____
	_____
TELEPHONE:	_____

## ORDER DETAILS

BASKET TYPE	_____
NUMBER OF BASKETS	_____
DELIVERY DATE	_____
BUDGET	_____ PLUS TAXES & DELIVERY
VISA (*)	_____ EXPIRY _____

## MESSAGE

_____
_____
_____

## SPECIAL INSTRUCTIONS

_____
_____

(\*) IF YOU PREFER, VISA INFORMATION CAN BE GIVEN OVER THE PHONE