Order Form

Mrs/Ms/Miss/Mr _____

Name _____

Address _____

_____

_____

Daytime Telephone No. _____

Deliver to (if different from opposite address)

Name _____

Address _____

_____

_____

_____

Method of Payment (tick box)

Visa ☐ Mastercard ☐ Access ☐ Laser ☐ Cheque ☐ Postal Order ☐

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature _____

Name of Card Holder _____

Expiry Date: Month ☐☐ Year ☐☐

When paying by cheque please write your address and cheque guarantee card number on the reverse side
Please make cheques/postal orders payable to Clio Forde Ltd.

Page	Ref	Size	Description	Quantity	Item Price	Total Price

Goods Amount		
V.A.T. @ %		
Delivery		
Total		

CLIO FORDE
mail order

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