## MAIL ORDER FORM

CODE	DESCRIPTION	SIZE	COLOUR	PRICE	QTY		ТО	TAL
				£ .			£	
				£ .			£	
				£ .			£	
				£ .			£	
				£ .			£	
				£ .			£	
DELIVERY ADDRESS DETAILS  Sub-Total							£	
Add P & P £3.50 on orders below £200, otherwise carriage free						] ,		
NAME ADDRESS		[	£200, othe	rwise carria	ige free	]	£	·
					ГОТАЬ		£	· ]
POSTCODE  If a product is unsuitable or fails to satisfy, GLANMOR undertake to refund the full cost of the product, or exchange or replace, provided the goods are returned in good condition within 14 days of receipt.  HOW TO PAY  * By Cheque/ Postal Order for								
Cardholder Expiry Date Switch/Solo Switch/Solo (mm/yy) Start Date Issue No								
Card Number Card Number								
Cardholders Signature  Security Number (last numbers on reverse of card)								
declaration belo I declare that I a (give specific do domestic use (o	be bought VAT exempt. To clanw.  In chronically sick or have a disescription of your condition) and refor the use of a handicapped per Group 12 of Schedule 8 to the	abling cond I that I am r erson). I cla	lition by reason eceiving the pro im that the supp	ofoducts stated	for my person	 onal	or	