

POSTAL ORDER FORM

IMPORTANT PLEASE READ:

Please list below the items you require. All items sent will be on an approval basis. If you wish to make payment by debit card or credit card then please complete the payments panel below. For payments by cheque and bank transfers (at no charge) then please **DO NOT SEND PAYMENT** at this stage. All available items will be put to one side for you and a covering invoice sent. Please also read the postal instructions at the beginning of the listing text and also show your posting requirements below.

THIS FORM WILL REQUIRE DOWNLOADING AND PRINTING

NAME:	Tel Day:
ADDRESS:	Tel Eve:
.....	Fax:
.....	E-mail address:
.....

ITEM NO:	COUNTRY	PRICE

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Postal requirements: (please tick)	SEE INSIDE FRONT COVER
INLAND	OVERSEAS
FIRST CLASS MAIL <input type="checkbox"/>	AIR MAIL <input type="checkbox"/>
RECORDED DELIVERY <input type="checkbox"/>	INTERNATIONAL SIGNED FOR <input type="checkbox"/>
SIGNED FOR (Registered) <input type="checkbox"/>	INTERNATION SIGNED FOR + <input type="checkbox"/>
SIGNED FOR + (Over £250) <input type="checkbox"/>	(Over £250)

Credit and Debit card payments only: (please tick)	
I authorise you to charge my:	CREDIT CARD <input type="checkbox"/> DEBIT CARD <input type="checkbox"/>
VISA <input type="checkbox"/> ACCESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> EUROCARD <input type="checkbox"/>	
Expiry date: <input type="text"/>	Signature: _____
Card Number <input type="text"/>	<input type="text"/>
Security Number (Last three digits in signature panel): <input type="text"/>	