

Order form



Billing details

Miss/Mrs/Ms/Mr: _____
Initials: _____
Surname: _____
Company name: _____
Address: _____

Postcode: _____
Tel: _____
Fax: _____
Email: _____

Delivery details

Miss/Mrs/Ms/Mr: _____
Initials: _____
Surname: _____
Company name: _____
Address: _____

Postcode: _____
Tel: _____
Fax: _____
Email: _____

Purchase order number:

Code	Description	Quantity	Colour	Size	Unit price	Total price

Net amount: _____
Extra size charge*: _____
Postage and packing: _____
Express postage charge: _____
Credit card surcharge @ 2.5%: _____
Sub total: _____
VAT @ 17.5%: _____
Total: _____

* Sizes 20+ incur an additional charge of £10.00 per garment.

Payment

I wish to pay by cheque. (Please make cheques payable to Ameerah.) I wish to pay by credit card. (Please fill out your details below.)

Credit card details

Please charge my Visa Visa Debit Delta Switch Solo Mastercard

Card No.

Valid from: / Expiry date: /

Issue No: Security code: (Last three numbers on the signature strip on the reverse of the card.)

Signature: _____

Name: _____

Date: _____