MAIL ORDER FORM

CUSTOMERS NAME & ADDRESS

DATE _____

PLEASE QUOTE YOUR CUSTOMER NUMBER IF KNOWN

Customer No. | | | | | | |

HISTOREX AGENTS • WELLINGTON HOUSE • 157 SNARGATE STREET • DOVER CT17 9BZ

Please supply the following:

THIS COLUMN FOR OFFICE USE ONLY	CODE No.	FULL DESCRIPTION	QUANTITY	PRICE EACH		TOTAL	

I WISH TO PAY BY CASH/CHEQUE/POSTAL ORDER/VISA/MASTERCARD/DEBIT CARD

CARD NUMBER_____

Start Date _____ Expiry Date _____ CVC Code_____

Issue Number (Switch Cards) _____

SIGNATURE _____

EMAIL ADDRESS_____

Total from overleaf		
Postage		
TOTAL		

FOR OFFICE USE ONLY		
TIME RECEIVED		
TIME SENT		

THIS COLUMN FOR OFFICE USE ONLY	CODE No.	FULL DESCRIPTION	QUANTITY	PRICE EACH		TOTAL	
					Total carried forward overleaf		