



FAX ORDER FORM

Date:

Name:																													
Address:																													
Phone No:																													
Fax No:																													
Email Address:																													
Best Contact Time:																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Code</th> <th style="width: 55%;">Name</th> <th style="width: 30%;">Price</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Code	Name	Price																								
Code	Name	Price																											

Credit Card Details	
Card Type :	
Card Number :	
Expiry Date :	
Cardholders Name :	
Signature :	