ORDER FORM – please complete in block capitals

Beeches nursery Crown Hill Ashdon Saffron Walden Essex, CB10 2HB T: 01799 584362	Name:	Alternative delivery address	For Office Use Only
	Address:		Order No: B Received: Sent: Carrier: Notes:
	Post Code:		
	*Tel:	Tel	
	Email:		

***NO orders accepted without valid telephone number**

Qty	Item	Each	Total
	Nominate substitutes or continue with order :		
		Sub total:	
		(Please leave open for our completion) Carriage:	
		TOTAL (inc. VAT)**:**	

Payment details:

I wish to pay by Visa Debit, Visa Credit, Mastercard, (please tick)

Card No: _____ _____ _____ _____ Security code (last 3 digits on reverse) _____

Issue date:_____ Expiry date: _____ _ Name of cardholder: _____