

**ORDER FORM**

**YOUR DETAILS**

<b>Name</b>			
<b>Address</b>			
		<b>Post Code / ZIP</b>	
<b>Telephone (Home)</b>		<b>Telephone (Work)</b>	
<b>E-mail</b>			

**PURCHASE DETAILS**

(Please indicate the item(s) you wish to order.)

Product 1	Quantity	Amount	£
Product 2	Quantity	Amount	£
Product 3	Quantity	Amount	£
Product 4	Quantity	Amount	£
Product 5	Quantity	Amount	£
Product 6	Quantity	Amount	£
Product 7	Quantity	Amount	£
Product 8	Quantity	Amount	£
Product 9	Quantity	Amount	£
Product 10	Quantity	Amount	£
<b>TOTAL</b>			<b>£</b>

**CHEQUE PAYMENT**

Should you wish to pay for your purchases by cheque, please make all crossed cheques payable to **YourOnlinePharmacy**. Please ensure that the cheque account holder's address is clearly stated on the back of the cheque.

**AUTHORISATION**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_