ARDS EVANGELICAL BOOKSHOP CUSTOMER ORDER FORM

Office use only

DATE:…………… ORDER TAKEN BY……………………….. SOURCE:…………………

CUSTOMER DETAILS		PAYMENT DETAILS
Name	……………………………………………..	**Cheque/PO enclosed……………………………………**
		or
Address	……………………………………………..	**Card type.……………………………………..............**
	……………………………………………..	**Card No.…………………………………………………**
	……………………………………………..	**Expiry Date.……...………………………………………**
	……………………………………………..	**Valid from:………………………………………………**
Postcode	……………………………………………..	**3 digit code from back of card(credit card only)…......**
Telephone	……………………………………………..	**Issue No (switch only)………………………………............**

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QTY	DESCRIPTION	PRICE	TOTAL	SHIP DATE	INV. NO.

SUBTOTAL:	
POSTAGE:	
GRAND TOTAL:	

ARDS EVANGELICAL BOOKSHOP

"Crimond House", 48 Frances Street, Newtownards, Co. Down,

N. Ireland, BT23 7DN Tel: 028 9181 7530 Fax 028 9181 5581

24 hour orderline (answerphone) 028 9182 9932

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Date of completion.………………...

Clerk.………………………………

UK ORDERS SENT POST FREE EXCEPT WHERE STATED. THANK YOU FOR YOUR ORDER.