UNIFORMS@ PETERDREW.COM



Email to uniforms@peterdrew.com or fax to 08707 50 80 66

Ordered By					D :: D		
Name/Dept:					Daytime Phone: _		
					Your Ref		
Company:					Email:		
Address:					Post Code:		
Website:					Post Code: No. of Guards:		
, , , , , , , , , , , , , , , , , , ,							
Delivery Address	(if different)						
Name:							
Address:							
Address:					Post Code:		
CARAFAIT	COLOUD	CIZE	FIT	OTV	ITEM DDICE	TOTAL	
GARMENT	COLOUR	SIZE	FIT	QTY	ITEM PRICE	TOTAL	
					ORDER TOTAL		
					P&P ORDERS		
Payment Method	DELTA	(Ma.	sterCard	VISA	UNDER £300	£8.95	
SWITCH SOLO					SUB TOTAL		
Please debit my account number					VAT @ 20%		
We will phone you for your security number							
					TOTAL DUE		
Expiry	Issue 1	Number [
Billing Address Post Code House Number/Name							
Signed	Signed Date						