



# Multiple Order Form

Tel: +44 (0)28 9145 2412

Fax: +44 (0)28 9145 1706

Email: sales@basketsgalore.co.uk

Web: www.basketsgalore.co.uk

Complete this form and fax to: +44 (0)28 9145 1706

## Invoice To:

Company Name:	<input type="text"/>		
Contact:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	Post Code:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	Payment Method:	<input type="text"/>
Credit Card No:	<input type="text"/>	CVV No:	<input type="text"/>
Expiry Date:	<input type="text"/>	Name on Card:	<input type="text"/>
Cardholders Address:	<input type="text"/>	<input type="text"/>	
<input type="text"/>		Preferred Delivery Date:	<input type="text"/>
<input type="text"/>		<input type="text"/>	

## First Basket Delivery Address:

Basket:	<input type="text"/>	Price:	<input type="text"/>
Recipients Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
<input type="text"/>		Postcode:	<input type="text"/>
City:	<input type="text"/>	Basket Quantity:	<input type="text"/>
Gift Card Message:	<input type="text"/>		
<input type="text"/>			

## Next Basket Delivery Address:

Basket:	<input type="text"/>	Price:	<input type="text"/>
Recipients Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
<input type="text"/>		Postcode:	<input type="text"/>
City:	<input type="text"/>	Basket Quantity:	<input type="text"/>
Gift Card Message:	<input type="text"/>		
<input type="text"/>			



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## Next Basket Delivery Address:

Basket:	<input type="text"/>	Price:	<input type="text"/>
Recipients Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
City:	<input type="text"/>	Basket Quantity:	<input type="text"/>
Gift Card Message:	<input type="text"/>		
<input type="text"/>			

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Basket:	<input type="text"/>	Price:	<input type="text"/>
Recipients Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
City:	<input type="text"/>	Basket Quantity:	<input type="text"/>
Gift Card Message:	<input type="text"/>		
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Basket:	<input type="text"/>	Price:	<input type="text"/>
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Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Postcode:	<input type="text"/>
City:	<input type="text"/>	Basket Quantity:	<input type="text"/>
Gift Card Message:	<input type="text"/>		
<input type="text"/>			

BasketsGalore  
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