



# 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"/> |
|                          | <input type="text"/> |
| Preferred Delivery Date: | <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"/> |
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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"/> |                      |                  |                      |