BRIDGE SHOP TELESALES ORDER FORM

Membership No:	**EBU** __ __ __ __ _	**EBUTA** __ __ __ __ __ _	**New**
Club Name	(If applicable)		

Title:		Initials:		Surname:	
Address:					
Post Code:		Telephone No:			

Payment Details:

Tick Relevant Box

Invoice	Credit Card:	Master Card	Visa	Switch	Other
	Enter details below				

ORDER DETAILS

No/ Sets/ Packs	EBU Stock No	Item Description	Total price £

SPECIAL INSTRUCTIONS	Sub-Total	£
	P&P	£
	VAT	£
	TOTAL	£

Order Taken By:		Date:	

NAME ON CARD – AS ABOVE OR

Credit Card Number:

VALID FROM: EXPIRY DATE:

ISSUE NO (Switch/Maestro) _____ SECURITY CODE (on back)