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)