

FAX/POST order form

For use in U.K. Mainland only.

First Name:

Surname:

Address:

Postcode:

Email Address:

Telephone:

Delivery Address:
 (if different from above)

Please dispatch the following:

Product	Size	Price	Quantity	Total

Plus Post & Packaging *see sheet below*	
Grand Total	

Payment Details

Name on card:

Card number:

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Valid from: __ __ / __ __ Expiry date: __ __ / __ __

Security code: __ __ __ (last three digits on the reverse signature strip of your card)

Issue number: __ __ (if applicable)

If you have enclosed a cheque please tick
 (Please make cheques payable to 'MohsinHealthProducts Ltd.')

Please fax this order form to: **0709 280 9281**

Or post to: **MohsinHealthProducts, 446 East Park Road, Leicester, LE5 5HH, U.K.**

Thank You For Your Order.