

Rosella Herbs and Healthcare - Order Form

Delivery Details

Name

Address

.....

.....Postcode

Telephone

Order Details

| <u>Product</u> | <u>Unit Price</u> | <u>Number required</u> | <u>Total</u> |
|--------------------------------------|-------------------|------------------------|--------------|
| Cranberry Juice Tablets (pack of 60) | £6.00 | _____ | £ _____ |
| 3 packs of 60 (£2 discount) | £16.00 | _____ | £ _____ |
| Saw Palmetto tablets (pack of 60) | £8.00 | _____ | £ _____ |
| 3 packs of 60 (£2 discount) | £22.00 | _____ | £ _____ |
| Visimax (pack of 60) | £10.00 | _____ | £ _____ |
| 3 packs of 60 (£5 discount) | £25.00 | _____ | £ _____ |
| Price Includes Postage and Packing | | | |
| | | Total due | £ _____ |

Payment Details

* Delete as applicable

* I enclose my payment of £ _____ by cheque/postal order, made payable to Rosella Herbs Limited (*cash not accepted*)

or

* I would like to pay using my debit/credit card

Please take payment of £ _____ from card number _____

Name on Card _____

Valid from _____ Expiry Date _____ Issue Number (Maestro card) _____

Authorisation number (the 3-digit number on the back of the card) _____

Please post this form to:

Rosella Herbs and Healthcare Ltd., Sandal House, Green Close, Whiteparish, Wiltshire SP5 2SB

Telephone: 01794 884159 Email: info@rosellaherbsandhealthcare.co.uk