

Rosella Herbals and Healthcare - Order Form

Delivery Details

Name

Address

.....

..... Postcode

Email Telephone

These details are only required by us should we need to contact you regarding your order

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	_____	£ _____
TENS	£24.95	_____	£ _____
Vaginal Stimulator	£44.95	_____	£ _____
Prices Include Postage and Packing			
		Total due	£ _____

Payment Details

* Delete as applicable

* I enclose my payment of £ _____ by cheque/postal order, made payable to Rosella Herbals 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 Herbals and Healthcare Ltd., Sandal House, Green Close, Whiteparish, Wiltshire SP5 2SB

Telephone: 01794 884159 **Email:** info@rosellaherbalsandhealthcare.co.uk