SHELLEY SEEDS - ORDER FORM -

5 Speedwell Close CHESTER CH3 6DX - Date.....

Customers Name and address

Telephone Number ..... Post Code.....

Quantity	Description	£	p
	TOTAL £		

Continue Overleaf if necessary

Quantity	VEGETABLE	VARIETY	£	P
		SUB TOTAL CARRIED FORWARD		

Post and Packing £

Total Payment Enclosed £

Method of payment (please tick box) ☐ Cash ☐ Cheque ☐ P.O. ☐ Card

Please enter your card information to authorise us to charge the total value of your order:

☐ MasterCard ☐ VISA ☐ DELTA ☐ SWITCH

CARD No. | | | | | | | | | | | | | | | | | | | |

Security No. (last 3 digits on back of card)

CARD EXPIRY DATE.................................... SWITCH ISSUE No. (or Start date if no Issue no.)...................

SIGNATURE.. NAME (on card)..

Please make Cheques payable to SHELLEY SEEDS