# Order Form

| Product | Product code | Quantity required | Price each | Total |
|---|---|---|---|---|
| **Example only** | | | | |
| Folic Acid | 3020 | 2 | £2.95 | £5.90 |
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| **Sub Total** | | | £ | |
| **Postage and packing** (FREE for orders over £30) | | | | **+£2.50** |
| **GRAND TOTAL** | | | £ | |

Please allow 28 days for delivery. For orders outside the UK please add 10% to the total amount for additional postage costs. Product selection, prices and special offers may be changed without prior notice.

## Delivery address

**Mr / Mrs / Miss / Ms**

**Name**

**Address**

**Postcode**

**Phone No.**

## Method of Payment

**Paid by** **Visa** ☐ **Mastercard** ☐

**Delta** ☐ **Switch** ☐

**Credit Card number**

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**Expiry date** ☐☐☐☐ **Issue No. (Switch)** ☐☐

**I have enclosed a Cheque/Postal Order, made payable to Vivendi Healthcare Direct**

**Signature**

**Date**