## Dancewear of Edinburgh Order Form

Date			Time				
Customer Details:							
Name* Name							
			Delivery				
Billing Address			Address				
riddiess			(if				
			differ	rent)			
Postcode			Postc				
Telephone							
Email			_				
*As it appears on payment card  Customer Order:  Quantity Description & Colour  Unit Price Total							
Quantity	Descrip	onon & Colour			UIIII P	rice	1 0131
					~		
						otal	1 1
			For internal use  Postage & Packing				nai use only:
					Grand Total		
			L		rianu i	otai	
Payment Method:							
Card Type			Issuer (i.e. Bank)				
Card Number							
Expiry Date			Start Date				
Issue Number			Security Code*				
		rs to the last 3 numbers	on the s	signature s	trip of y	our c	ard.
For internal use only							
Order taken by:			Date F	Processed:			
	•		Date S	Sent:			