

MANNAKIN

CUSTOMER ORDER FORM

PLEASE FILL ALL FIELDS AND FAX TO US ON +44 (0)2033 970 311

YOUR REF:

DATE OF ORDER:

CONTACT NAME
TELEPHONE
EMAIL

1. WHICH MANNEQUINS DO YOU REQUIRE? PLEASE STATE QUANTITIES.

2. WHEN DO YOU NEED THE MANNEQUINS TO ARRIVE?

3. WHERE ARE WE DELIVERING THE MANNEQUINS TO?

4. WHEN DO YOU NEED THE MANNEQUINS TO BE COLLECTED?

5. WHERE ARE WE COLLECTING THE MANNEQUINS FROM?

6. WHO WILL BE THE PERSON RESPONSIBLE FOR HANDING THE MANNEQUINS TO OUR COURIER? PLEASE STATE NAME AND MOBILE TELEPHONE NUMBER.

7. TO WHOM SHOULD WE MAKE OUT THE INVOICE? PLEASE STATE IF THIS INVOICE IS TO A COMPANY OR INDIVIDUAL OUTSIDE OF THE EU.

8. PLEASE COMPLETE THE FOLLOWING PAYMENT INFORMATION.
CARD TYPE:
LONG NUMBER:
EXPIRY:
SECURITY CODE:

OR TICK HERE IF PAYING BY BANK TRANSFER

PLEASE INFORM US OF ANY ADDITIONAL INFORMATION ON A SEPARATE PAGE. THANK YOU FOR YOUR ORDER X