

Dr. Mary Staggs™

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ORDER FORM

Name		Date	
Address:		Phone No	
		Fax No	
		Email	
Post/Zip Code		Contact	
Delivery Address if Different:		Special Requests:	

DESCRIPTION	QTY	UNIT PRICE	\$	
Goods Total				
Delivery/Shipping Costs				
TOTAL				

PAYMENT DETAILS

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PayPal



Security Number

(last 3 digits on the back of the card)

Card Number

Issue Date

Expiry Date

Name on Card

SUPPLIED IN LINE WITH OUR STANDARD TERMS AND CONDITIONS

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