

Paydens Pharmacy Fax Order Form

Tel: 01303 277590 Fax: 01303 277590 Paydens Ltd., 38 Cheriton High Street, Folkestone, KENT, CT19 4ET

Name:	
Address:	
Postcode/Zip:	
Telephone: (H)	
(W)	
e-Mail:	

PAYMENT DETAILS

(Paydens Pharmacy accepts VISA, Mastercard, Switch and Solo.)

Card Type:		
Card Number:		
Name on Card:		
Start Date:		
Expiry Date:		
Issue #:		Last 3 Security Digits on Back of Card: <input type="text"/>

PRODUCT DETAILS

(Please indicate the item(s) you wish to order.)

Product 1:		Quantity:	
Product 2:		Quantity:	
Product 3:		Quantity:	
Product 4:		Quantity:	
Product 5:		Quantity:	
Product 6:		Quantity:	
Product 7:		Quantity:	
Product 8:		Quantity:	
Product 9:		Quantity:	
Product 10:		Quantity:	

Date: _____ Signature: _____