The Sweet Shop

Order Form

Product	*£ per 100g*	*Quantity in 100g*	*Total*
			£
			£
			£
			£
			£
			£
			£
			£
			£

	Sub Total	£
See Price List for details of Postage and Packing	*Postage and Packing*	£
	Total	**£**

	Billing Address	*Delivery Address (if different)*
Name		
Address		
Town/City		
County		
Postcode		
Phone Number		

Payment Method

☐ *Please Charge £* _____ *to my*

☐ *Visa Credit* ☐ *Visa Debit* ☐ *MasterCard* ☐ *Switch*

Card Number _____

*Issue Number** _____

*(*Where applicable)*

Expiry Date _____

Start Date _____

I confirm that this credit card is registered to the billing address shown above

Signature _____

☐ ***I enclose a cheque for £*** _____ ***Crossed and made payable to "The Sweet Shop"***