



ICFR ORDER FORM

Name..... Date.....

Address.....
If different from directory

Phone Number..... Email address.....

CODE	ITEM	COLOUR	SIZE	Name to appear on garment	PRICE

**Name embroidered for £2.75 per garment
Please ensure the name required is clearly
written above**

Sub Total

Post and Packing

TOTAL

Please make cheques payable to:-
C&R Restell (ICFR)

Payment: Cheque..... Cash BACS.....

Date Paid Date ordered from supplier.....

Goods dispatched:- Date..... Delivery.....