



Specials Order Form - Existing Account

Please use this form if you are an existing customer of Mandeville Medicines

Contact Name:	
Contact Telephone Number:	
Account Postcode:	Delivery Postcode: <i>If different to account postcode</i>

Order Details

Quantity:	Pack Size:	Product Description or Formula or Unique ManMed Product Code*:

*The unique Mandeville Medicines product code can be found on Mandeville Medicines product labels.

Comments:

I require confirmation of price before proceeding	<input type="checkbox"/>	<i>Tick to select this option and fax form without signing below</i>	I do not require confirmation of price before proceeding	<input type="checkbox"/>	<i>Tick to select this option sign below and fax form to Mandeville Medicines</i>
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In placing this order I hereby certify that we are a bona fide customer legally entitled to be supplied with the product(s) ordered above and we agree to be bound by the Mandeville Medicines Terms and Conditions July 2013

Date:

Signed:	Print Name:
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Position:	Registration No.: <small>[Only Required for CD Orders]</small>
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**Please fax your order to
01296 397223**

Tel: +44 (0)1296 394142
Web: www.mandevillemedicines.com
Email: info@mandevillemedicines.com

Your Partner for
Quality Specials

