

ORDER FORM FOR 12 WEEK BABIES AND/OR 10 WEEK FEET

CUSTOMER DETAILS:

Name + Surname: _____ Postal Address: _____
Contact Number: _____

Please complete the following form indicating the products you wish to purchase along with the corresponding quantities. Please don't forget to indicate the sizes you require. Fax your completed form to **086 519 8916** or email: **nikki@born2care.co.za**

"Precious One" 12 Week Baby

(Fill in the quantity you want in the box below QTY)



Precious One

PRICE EA	QTY	TOTAL
R 15	<input type="text"/>	_____

Colourful 10 Week Baby Feet Brooch



Gold

Pink

Blue

White

PRICE EA	QTY	TOTAL
R 10	<input type="text"/>	_____
R 10	<input type="text"/>	_____
R 10	<input type="text"/>	_____
R 10	<input type="text"/>	_____

TOTAL:



Delivery options:

Please indicate your preferred method of delivery:

- Collect from a representative of B2C. Name of Representative _____.
- Post box via Speed Courier Services. Please ensure your Postal Address is completed above.

R 35

Payment Options:

Please indicate which method of payment you are going to use:

- Cash to a representative of Born 2 Care. Name of Representative _____.
- Direct deposit/transfer into our Bank Account. Banking details to the right. Should you choose this option, please ensure that you attach your proof payment when faxing or emailing your order.

TOTAL:

BANKING DETAILS:

ABSA Bank
Branch: Delmas
Branch Code: 334-244
Account No: 407 0924 721
Ref: YOUR Surname

I, the undersigned, hereby confirm that the order contained in this form is correct and I can be held liable for receiving the goods ordered, as well as responsible for the payment thereof in full.

- Please tick this box if you agree.

Print Name + Surname

Signature

Date