



ORDER FORM



Gift Delivery Service

Tel.: 00357 24 81 50 44

Fax: 00357 24 65 48 08

Customer / Sender

Name:

Customer Code:
(if already given)

Mail Address:

Delivery Address:
(if order destined for sender)

Tel.:

Fax:

Send to

Recipient Name:

Delivery Address:

Delivery Tel.:

Date / Time of Delivery:

IMP: (Please Order 48h prior to Delivery Date)

Product Code	Product Description	Quant	Price	Total	for Office Use

Gift Delivery Rates → €

Grand Total → €

Please pay: **S. G. Katodritis & Co Ltd.**

Methods of payment:

1. ☐ Credit Card

- ☐ Visa (13 or 16 Digits)
☐ MasterCard (16 Digits)
☐ American Express (15 Digits)

Account Number

Expiration Date
Mo. Yr.

Signature _____

2. ☐ Please debit my account

(only if you already have a cust.code number)

3. ☐ I will collect the order from your shop and pay upon collection

In case of product unavailability

- ☐ Please replace with another product
of equal value.
☐ Please contact me for advice.

Optional

Please use the designated space to write your
wishes. The text will be copied on a card and
inserted in the gift. ☐ cut ☐ copy

Thank you for your order !