# **Temple Games Mail Order Form**

Please complete and return to: Temple Games Ltd, 31 Heathfield, Royston, Herts, SG8 5BN

Product Description	F	ormat	Quantity	Price (£)

### Billing/Invoice Address:

Name:	
Address:	
Town/City:	
County:	
Postcode:	

## **Contact Details:**

Telephone No.:	
Email Address:	

# Delivery Address (If Different from Billing Address)

Name:	
Address:	
Town/City:	
County:	
Postcode:	

#### **Delivery Contact Details (If Different from Billing)**

Telephone No.:	
Email Address:	

# Payment Information (all cheques payable to Temple Games Ltd):

Payment Method:	Credit/Debit Ca	ard	Cheque	PostalOr	der
Card Type:	MasterCard	Visa	Switch	Visa Delta	Solo
Card Number:					
Start Date:					
Expiry Date:					
Issue No. (Switch only):					
Card Holder Name:					
Issuing Bank:					

# Authorised By:

Name:	Signature:
Phone Number:	Date: