CHRISTMAS ORDER FORM

O'Kanes Chemist, Draperstown

CUSTOMER DETAILS

NAME: _____

ADDRESS: _____

_____

_____

TELEPHONE: _____

DATE: _____

DELIVERY: YES: ☐ NO: ☐

COLLECTION: HIGH ST ☐ T/MORE RD ☐

LOYALTY CARD: YES: ☐ NO: ☐

EMAIL: _____

ORDER DETAILS

Please Place your order in BLOCK CAPITALS

CODE	BRIEF PRODUCT DESCRIPTION	QUANTITY	PRICE
		TOTAL	

OFFICE USE ONLY

PAYMENT METHOD

CASH ☐ CARD ☐

STAFF _____

O'Kane's Chemist
Draperstown
BT45 7AB
t - 02879628680
e - Info@okaneschemist.com
w - www.okaneschemist.com

Sign & Date on Delivery

_____