

Heart Strings

ORDER FORM

PART 1: CUSTOMER PREFERENCES

NAME AND SURNAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____

NUMBER OF ITEMS BEING ORDERED: _____

DATE REQUIRED (IF APPLICABLE) _____

*Please confirm with me telephonically before placing your order to ensure that I can complete it by the required date.

HAIR INSTRUCTIONS:

- PLEASE CHECK THIS BOX IF YOU WOULD LIKE ANY UNUSED HORSE HAIR RETURNED TO

IF I HAVE NOT SENT ENOUGH HAIR PLEASE:

- CONTACT ME
 USE BEST MATCHING STOCK HAIR

SEND YOUR HAIR AND FORMS TO:

(choose appropriate method)

GABY MILLNER
Ph: 072 6136320

POSTAL ADDRESS:
3 Berkeley Rd, Mowbray, Cape Town, 7700

POSTNET-TO-POSTNET:
Postnet Rondebosch, Riverside Mall, Cape Town

DELIVERY:

- | | | |
|--------------------------|---------------------------------|-----------|
| <input type="checkbox"/> | I WILL COLLECT (CAPE TOWN ONLY) | NO CHARGE |
| <input type="checkbox"/> | REGISTERED LETTER | R45 |
| <input type="checkbox"/> | POSTNET-TO-POSTNET BRANCH | R110 |

Name of branch to be addressed to: _____
(Takes 2-4 days and needs to be collected from a Postnet branch of your choosing. Fully tracked.)

- | | | |
|--------------------------|-----------------------------|------------|
| <input type="checkbox"/> | COURIER (TO URBAN CENTRES) | R160 |
| <input type="checkbox"/> | COURIER (TO OUTLYING AREAS) | ON REQUEST |

SIGNED: _____ DATE: _____

