

# Gift Order Form

Fax to: +27 21 434-0401

Pack Type	Price	Quantity	Amount Due

Message:

TOTAL

## Payment Details

Credit Card

Cheque

Cash

Card Number




















Exp Date:





Name of Cardholder:

CVV No.




Signature:

## Delivery Details

<b>Recipient:</b>
<b>Address:</b>
<b>Postal Code:</b>
<b>Country:</b>
<b>Tel:</b>
<b>Fax:</b>

<b>Sender Name:</b>
<b>Contact Tel:</b>
<b>Email:</b>