



# JungleSeeds

Jungle Seeds Order Form [www.jungleseeds.co.uk](http://www.jungleseeds.co.uk)

PO Box 45, Watlington, SPDO, Oxon OX49 5YR Tel: 01491 614765 Fax: 01491 612034

Item	Cat No	Seed Description	Qty	Unit Price		Total	
				£	p	£	p
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

All UK Seed Orders regardless of value incur £2.25 P&P	<b>Sub Total</b>		
Seed International Orders regardless of value incur £6.45		<b>P&amp;P</b>	
Seed International Express Traceable £9.45			<b>TOTAL</b>
Please note that we have a minimum Order Value of £10			
Please enter your Customer ID if known			
Name:	Tel No:		
Address:			
Address:		Post Code:	
Email Address & or Fax No:			

I enclose a cheque for £:  (Make payable to PPW Services Ltd)

Or  
Please charge my credit/debit card account  
(Please Tick Relevant Box)



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Expiry Date				Card Valid From Date				3 Digit Security No																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Card Holders Sig: \_\_\_\_\_ Card Holders Name: \_\_\_\_\_



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