

I Pod Loading – Service A

v.200705

Order Form - send this completed sheet with your credit card details to:

Cleaford Services Ltd
46 Hazell Road
FARNHAM GU9 7BP

Customer Name:

Credit Card details

Delivery Address:

Card No: ____ ____ ____ ____

Start: ____/____

Expiry: ____/____

Issue No: _____

Post Code:

Customer Phone:

Customer email:

Customer signature: _____

Date: _____

iPod type to be initialised (Mac/Windows) _____

iPod model _____

iPod Serial Number _____

Name for the iPod _____'s iPod

Number of CDs _____