

# iPod Loading – Service C

v.200705

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

Cleaford Services Ltd  
46 Hazell Road  
FARNHAM GU9 7BP

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Customer Name:

Credit Card details

Delivery Address:

Card No: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Start: \_\_\_\_/\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_

Issue No: \_\_\_\_\_

Post Code:

Customer Phone:

Customer email:

Customer signature: \_\_\_\_\_

Date: \_\_\_\_\_

iPod type (Mac/Windows)

\_\_\_\_\_

Number of CDs

\_\_\_\_\_