

BOOK TITLE AND ARTIST:

QUANTITY REQUIRED:

EMAIL ADDRESS & CONTACT NUMBER:

**SHIPPING INFORMATION**

NAME:

ADDRESS:

POSTCODE & COUNTRY:

**PAYMENT INFORMATION**

CREDIT CARD TYPE:  
(AMEX AND DINERS ARE NOT ACCEPTED)

VISA / MASTERCARD / SWITCH / MAESTRO

CREDIT CARD NUMBER:  
(NUMBERS ON FRONT OF CARD)

START DATE:

EXPIRY DATE:

ISSUE NUMBER:  
(APPLICABLE TO DEBIT CARDS ONLY)

PLEASE FAX BACK TO THE ATTENTION OF *CHRISTOPHER COLVILLE-WALKER* ON +44 (0)20 7352 3669  
CONTACT WILL PRIMARILY MADE VIA EMAIL REGARDING ORDERS - PLEASE INCLUDE EMAIL ADDRESS