

Priority Fax Order To: **08452 222 206**

1 Please check these details.

Pharmacy Name: _____

Address: _____

Postcode: _____ Tel. No.: _____ Ordered By: _____

2 Invoice address if different.

Company Name: _____

Address: _____

Postcode: _____ Tel. No.: _____ Branch/Store Ref.: _____

3 All orders arrive within 48 hours – Monday to Friday.

Order Date: ____ / ____ / ____

Order Ref.: _____

4 Pick the drink flavours you need (a), then under the consistencies shown (b), write the number of sleeves prescribed. Add them up and confirm the total (c).

a Drink Flavours Required.

b Consistency Required.

c Total No. of Sleeves Required. (1 sleeve = 25 cups).

	1 White Cup	2 Beige Cup	3 Brown Cup	
Orange				
Blackcurrant				
Lemon			n/a	
Hot Chocolate			n/a	
White Coffee			n/a	

5 For full order traceability, please complete the following in block capitals.



GP Name: _____ Surgery Name: _____

Address: _____

6 For more priority fax order forms download from www.slodrinks.com/pipcodes.asp or please tick this box: