

## General Order Form

Full Name:				
Address:				
Age (or Age Range):	eg. 25–35 years			
Phone Number (Landline):				
Mobile:				
Email Address:				
<b>YOUR ORDER</b>				
Items you wish to order:				
Type of product, eg. CD	Description, eg. title	Item price (incl. P&P)	Number required	Total cost (incl. P&P)
Total price of items ordered (total amount incl. P&P):			Total amount:	
Have you received confirmation from us that the items you wish to purchase are in stock? Yes / No (If No, please contact us via the Contact Form on our website: <a href="http://www.ajrhypnotherapy.co.uk">www.ajrhypnotherapy.co.uk</a> )				
Have you paid for your order items:	By cheque? Yes / No	OR:	By other means? Yes / No (Please state payment method:)	
	Have you enclosed your completed cheque? Yes / No			

Please make your cheque (GBP £ Sterling only) payable to: **A. Jackson-Russell**

Please send your completed form and cheque to:

**A. Jackson-Russell**

**AJR Hypnotherapy**

**1 Frobisher Way, Worthing, W. Sussex, BN12 6EU, U.K.**

*Thank you for your order*