STAMFORD COLLEGE SKINCARE – ORDER FORM

Prices effective from May 2020

Stamford College Kit (CKSTAMFORD) £44.59 incl. VAT and P&P

PRODUCT	SIZE
Micellar Cleanse Eye & Lip	500ml
Ultra-Soothing Cleanser	500ml
Ultra-Soothing Toner	500ml
Ultra-Soothing Moisture Cream	250ml
Magnifying Lamp – Hand Held	

Important (please read)
Please be sure to enclose a cheque made payable to EVE TAYLOR (LONDON) Ltd. Alternatively, if you wish to pay by Visa/Master or Switch card then please enter your details and return the form either by post or fax, or you can order online at www.evetaylortrade.com/college and enter the kit code in the password box.
Please note the following points:-
1) **SOMEONE MUST BE AT THE DELIVERY ADDRESS TO SIGN FOR THE PARCEL OR SUPPLY ALTERNATIVE DELIVERY ADDRESS IF NECESSARY.**
2) We regret we are unable to take telephone orders for student kits.
3) An Invoice/Receipt will be sent with your order.
4) Please allow 14 days for delivery.
5) Your kit should be checked immediately against the list above and any discrepancies should be notified within 7 days of date of invoice.
6) Should it be necessary to return any items, please state in writing, reason for return? We advise you obtain proof of posting. Returned goods will be subject to a handling charge of 10% of £5 (whichever is the greater value) if reason other than damaged.

Please enter your details below and return the completed section of this form to:
EVE TAYLOR (LONDON) Ltd. 1 MALLARD BUSINESS CENTRE, MALLARD ROAD, BRETTON, PETERBOROUGH, PE3 8YR or scan completed form and email to sales@eve-taylor.com

TEL: 01733 260161 FAX: 01733 330718 www.eve-taylor.com

SKINCARE KIT (CKSTAMFORD) QTY _____ TOTAL £ ____

Your Name: ……
Delivery Address: ……
…… Postal Code: ……
Mobile: ……
Email: ……..
College Name: ……..
Name of Eve Taylor Instructor who visited your college: …….

PAYMENT DETAILS
I enclose cheque/Postal Order made payable to: EVE TAYLOR (LONDON) LTD Or please debit my Visa/Master/Switch card Number:

Card Holder Name & Address (If different from student address above)

Signature: …… Valid From: ……

Name: …… Expiry Date: ……

Address: …… ……

Post Code: …… Security Code: …… Issue No.: …… Amount: ……