

**Fax Orderform Haarshop.nl**



**Faxnumber : 0031 (0) 26 32 10 591**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zipcode & City: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**Payment: bank transfer**

Article: Name product:	Qty:	Detail:	Price:	Totalprice:
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____
_____		X	€ _____	€ _____

**Subtotal:** € \_\_\_\_\_

**Delivery costs:** € \_\_\_\_\_

**Total amount** € \_\_\_\_\_