**Free Phone**
**YOUR ORDER**
**0500 131009**

nsi
nail systems international (UK)

**Fax**
**YOUR ORDER**
**0161 788 2861**

# ORDER FORM

**Salon Name:** _____ **Date:** _____

**Customer Name & Address** _____ **AccountNumber**

_____

_____

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

**Post Code** _____

**Telephone No:** _____ **Order Authorised By:** _____

| Product Code | Description | Qty | Unit Price | Total |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I enclose cheque/PO(s) payable to NSI UK for the total of £.....
Debit my Master Card/Visa/Switch/Delta Account No:

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |

Signature _____ Expiry Date _____ Issue Number _____

Name (On card) _____

Address _____

_____

_____

| | |
|---|---|
| **Order Total** | |
| **Post & Packing** **£7.50 Next Day Delivery On All Orders Placed Before 12 Noon.** | |
| **Sub Total** | |
| **Vat @ 17.5%** | |
| **Total** | |

NSI (UK) LTD, James Nasmyth Way, Eccles, Manchester, M30 0SF
TELEPHONE 0161 788 2860 FAX 0161 788 2861