



SUNdowner® point-of-sale advertising

Order form to be returned by fax to +33 490 119 351

(please allow at least 15 days for delivery)

| | |
|--|--|
| Name of your company | |
| Your name, position and telephone number | |

I would like to receive the following materials:

Indicate number required in the boxes below:

spotters

garlands



Your full contact details

| | |
|---|--|
| Recipient's name | |
| Delivery address | |
| Contact telephone number at the point of delivery | |
| Preferred delivery date | |
| Delivery times | |

Date:

Signature: