

# Telephone Order ID 6517

Viamed  
Contact Name:Jackie Payne  
Contact Department:  
Contact Email:info@samsoncentre.org.uk  
Contact Telephone:  
Contact Account:

Invoice Address	Delivery Address
The Samson Centre Waterside Centre Riverside Guildford UK GU1 1LW	The Samson Centre Waterside Centre ----- Riverside Guildford UK GU1 1LW

Order Notes:  
0110017 R-17MED X2  
Order Number:

Credit Card Details:  
Customer advised of Carriage costs :  
Card Type:  
Name On Card:  
Card No.  
Card Type:  
Issue Number:  
Security Number:  
Start Date:  
End Date:  
Registered House number  
Registered Post Code