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DELUXE STAND REORDER FORM

DELIVERY DETAILS.

Date: _____ Pharmacy name: _____ Tel Number: _____
 Delivery Address: _____ Ordered By: _____
 _____ Order Number: (if applicable) _____

Note.

- This reorder form mirrors the 4 panels of socks on the stand (see above).
- We recommend that you stand with this re-order sheet in front of the socks display stand
- Start with panel #A and look at one panel of socks at a time.
- Each reordered sock type is supplied in packs of 1 dozen pairs.
- Below each peg number, write in how many dozen pairs to be re-ordered for that particular peg.
- Do the same for each of the 4 sides - panels A, B, C and D.
- For easy fill-ups each batch of 12 reordered socks will come labelled with the corresponding peg (eg A5 = 5th peg on Panel A).

DETAILS OF ORDER. (Please enter the number of dozen you wish to order for each peg number)

A	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
	16	17	18	19	20

B	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
	16	17	18	19	20

C	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
	16	17	18	19	20

D	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
	16	17	18	19	20