Post your payment and completed Order Form to:

- STB, 4 Old Park Lane, London, W1K 1QW (First or Second Class stamp), or
- STB, Apdo 212 AP, 29630-01 Benalmadena Costa, SPAIN (£1.70 Stamp)

Use this order form by 17 DECEMBER 2022 and claim a £5 discount IF items ordered total £15 or more (excluding postage). No discount for orders paid by card.

| ITEM CODE | ITEM NAMES | QTY | PRICE £ | | | | |
|---------------------|--|-----|---------|--|--|--|--|
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| POSTAGE | AGE Add £3 per order for postage (FREE IF YOU PAY BY CASH) | | | | | | |
| OFFER | FER Deduct £5 if you pay by cheque, blank uncrossed postal order, or cash and your order is posted by 17 DECEMBER 2022. ITEMS ORDERED MUST TOTAL £15 OR MORE (excluding postage) | | | | | | |
| PAYMENT ENCLOSED £: | | | | | | | |

IF PAYMENT ENCLOSED IS £100 OR MORE ENTER ONE FREE ITEM (VALUE £20 OR LESS) FOR EACH £100 SENT ORDER NUMBER(S) ITEM NAMES QTY PRICE £

| ORDER NUMBER(S) | ITEM NAMES | QTY | PRICE £ |
|-----------------|------------|-----|---------|
| | | | |

| YOUR | DETAIL | S | HAVE YOUR DETAILS CHANGED? | | | | | | |
|---|--------|---------------------------------|--|--|--|--|--|--|--|
| Name: | | | If so, please write your previous address below so we can amend our records: | | | | | | |
| Address: | | | so we can amend our records: | | | | | | |
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| Postcode: | | Email: | | | | | | | |
| PLEASE SHIP MY DVDS: I AM PAYING BY: UK cheque payable to STB | | | | | | | | | |
| With cases and covers | U | K cash (FREE postage. l | Jnfolded notes by Royal Mail Signed For. No coins.) | | | | | | |

With covers but no plastic cases

No case or covers

NOTE: Requesting plastic cases may involve collection from the post office if the package is too large for your letter box and you are not home to receive delivery.

| BLANK uncrossed postal order (do NOT make payable to STB) | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|---|-----|-------|------|--|--|--|--|--|-----|--|
| VISA / MASTERCARD (NO £5 discoun | | | | | | *The 3 digits on the reverse of your card | | | | | | | | | ard | |
| CARD NUMBER: | | | | | | | | | | | | | | | | |
| EXPIRES: | | | | | | | CVC | C C O | DE*: | | | | | | | |
| YOUR NAME AS IT APPEARS ON CARD: | | | | | | YOUR SIGNATURE: | | | | | | | | | | |
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