impressions
PAPER PRODUCTS AND STATIONERY SUPPLIERS

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P O Box 2011, Windmeul, 7630 South Africa

ORDER FORM

Order Date: _____

Order Number: _____

Your Vat Reg no:_____

Company: _____

Contact: _____

Tel: _____ Fax: _____

Physical Address: _____

_____

_____

Postal Address: _____

_____

_____

_____

_____

Email: _____

ITEM NUMBER	DESCRIPTION	Q	PRICE	TOTAL (EXCL)

Thank you for your order. A delivery cost will be added to the total of the order when you are presented with a proforma invoice.
On receipt of payment your goods will be dispatched.

SUBTOTAL _____

DELIVERY _____

VAT _____

Customer Signature: _____

TOTAL _____