

PLEASE COMPLETE IN FULL AND RETURN TO:
EMAIL: paper@iqretail.co.za FAX: 021 880 0488

DETAILS:

Order Date: _____ Collection Date: _____

Company Name: _____ Contact Person: _____

Telephone Number: _____ email: _____

BILLING INFORMATION:

Account Number: _____ VAT Nr: _____

Address (if not a client): _____

ORDER INFORMATION:

TYPE	DESCRIPTION	QUANTITY	AMOUNT
2 Part Invoice	R545 per 1000 box		
3 Part Invoice	R545 per 750 box		
Lazer Invoice	R610 per 2500 box		
Lazer Invoice Ream	R130 per 500 ream		
2 Part Statement	R545 per 1000 box		
Lazer Statement	R610 per 2500 box		
Lazer Statement Ream	R130 per 500 ream		
1 Part Medical Statement	R545 per 2000 box		
2 Part Medical Statement	R545 per 1000 box		
3 Part Payroll	R550 per 500 box		
All prices include 14% VAT. Paper Orders are COD unless per other arrangement. Client responsible for Collection (Please arrange own Courier)		TOTAL	R

PAYMENT INFORMATION:

IQ Retail (Pty) Ltd
 Standard Bank, Helderberg
 Branch Code: 033012
 Account Nr: 072316268

Ref: Your account Number/Company Name

Please send Proof of Payment to: paper@iqretail.co.za or fax 021 880 0488