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ORDER FORM

Please note: Sections of this form marked with a * are for office use only. You (the client) do not need to complete them.

CONTACT

Company Name: _____

Contact Person Name: _____

Tel: _____ Cell: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

ORDER

Order Number: _____

Code	Item	ISBN no.	Price	Quantity	Sub-total
Total					

DELIVER TO ADDRESS

NOTES

_____ * Authorised by

_____ Date