

STICKER ORDER FORM

Please fill in your **Name & Contact Details** in the blocks below
and hand it in at your nearest Product Centre.

PLEASE PRINT CLEARLY (BLOCK LETTERS)

Distributor Number: _____

This following information will appear on your sticker:

 _____

Name(s) & Surname(s)

 _____

Contact Number(s)

Please cross (X) the box with the amount of stickers you require:

☐

840
N\$/R30.00

☐

1 680
N\$/ R60.00

☐

2 520
N\$/ R90.00

Please cross (X) the **Product Centre** these are to be delivered to:

☐

Gauteng

☐

Cape Town

☐

Durban

☐

Nelspruit

☐

East London

☐

Namibia

☐

Zambia

☐

Zimbabwe

FOR OFFICE USE ONLY : Check that the information is **clearly printed**.

Send to : Lee (Head Office)

Attach AS400 and proof of payment

Checked by : Name : _____

Signed : _____ Date: _____