



Order Form

IMPORTANT NOTE:

For Office use Normal Order: Complimentary: SPONSORSHIP:

ACCOUNT NUMBER (in case you have ordered before):

(Contact person)

TITLE: **NAME:** **SURNAME:**

MAKE THE ACCOUNT OUT TO THIS PERSON / ORGANISATION / CHURCH:

Method of delivery: **Courier** **Ensured Airmail** **Other**

In case you choose the Other option above, ensure that you fill the delivery address in as complete as possible.
ACCOUNT ADDRESS: **DELIVERY ADDRESS (for courier - physical address):**

POSTAL CODE:

POSTAL CODE:

TELEPHONE:

CODE + NUMBER: (cell)
(w)
(h)

E-mail:

FAX:

ID-NUMBER:

CREDIT CARD DETAILS:

TYPE: **Visa** **Master** **Bank**

Expires on: ___/___/___ **Number:**

Authorisation Number (last 3 digits on back of card)

In case you choose not to use your credit card for the payment, wait until you receive your e-invoice before you make your payment.

Then you may do an electronic transfer and e-mail proof of payment back to order@bmedia.co.za.

In case you do not have Internet- or electronic banking, please be so kind to fax proof of payment to 021-864 3677 and mark for ATTENTION CHRISTELLE.

For Office Use.....	ORDER PROCESSED by:	DATE:
	CASSETTE DUPLICATED by:	DATE:
	PARCEL MAILED (+ Postage calculated) by:	DATE:
	INVOICED by:	DATE:

