



CASH SALE FORM

Please complete the details below in order to trade on a cash sale/pro-forma basis

Company Name

Account Contact

Postal Address :

Sold to Address :

Sold to line 2 :

Sold to line 3 :

Sold to line 4 :

Sold to line 5 :

Postal Code :

Delivery Address :

Ship to Address ;

Ship to line 2 :

Ship to line 3 :

Ship to line 4 :

Ship to line 5 :

Postal Code :

Tel number :

Geographic Area : **LOCAL :**

<input type="checkbox"/> EC	<input type="checkbox"/> NC	<input type="checkbox"/> WC	<input type="checkbox"/> FS	<input type="checkbox"/> GP	<input type="checkbox"/> KZ	<input type="checkbox"/> MP	<input type="checkbox"/> NP	<input type="checkbox"/> NW
E.CAPE	N.CAPE	W.CAPE	FREE ST	GAUTENG	KZN	MPUMALAN	N.PROV	N.W.PROV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFRICA:

<input type="checkbox"/> BOT	<input type="checkbox"/> SWA	<input type="checkbox"/> ZIM	<input type="checkbox"/> LES	<input type="checkbox"/> NAM	<input type="checkbox"/> ZAM	<input type="checkbox"/> MOS	<input type="checkbox"/> MAU
Botswana	Swaziland	Zimbabwe	Lesotho	Namibia	Zambia	Mosambique	Mauritius
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fax Number :

VAT REG NO:

E-mail address:

Orders Contact :

Statement required : Y N

Type of Business

Please specify (Publisher /bookseller
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Date _____ Signed by _____