

THE STOP SMOKING PROGRAM



DIRECT ORDER FORM

Please immediately forward me your Stop Smoking Program.

QUANTITY: _____ PRICE (each) R497.00 TOTAL: R _____
(Price of program includes postage)

Name: (please print) _____

Delivery Address: _____
(Street or P O Box)

Suburb: _____

Town/City: _____

Province: _____ Postal Code: _____

METHOD OF PAYMENT:

1. DIRECT BANK DEPOSIT: R _____

Once payment has been made, please email or fax a copy of this order as well as proof of payment to:

e-mail: orders@stop-smoking.co.za

Fax: 083 118 255 6284

2. POSTAL ORDERS R _____

3. CHEQUE R _____

(Please note that if payment is made by cheque there will be a 14 day delay from date of cheque deposit for bank clearance.)

Postal Order or Cheque Payments to be mailed, together with this form to:

Johan Truter

7 Grieve Street, Aurora, Durbanville, 7550, Western Cape

Banking details:

Account Name: J W Truter

Bank: Nedbank

Branch: Somerset Mall:

Branch Code: 114145

Savings Account No: 214 100 7658

Payment Amount R497.00 per program

Thank you for your support.

Johan Truter

7 Grieve Street, Aurora, Durbanville 7550

Tel: 083 255-6284 Fax: 083 118 255 6284

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www.stop-smoking.co.za