



## SALLR WORKBOOK PACKAGE

- + hardcopy SALLR workbook
- + answers to issues raised
- + learner assistance

## SALLR TRAINING PACKAGE

- + SALLR recording link
- + hardcopy SALLR workbook
- + electronic workbook
- + PowerPoint presentation
- + learner assistance
- + Brainfood newsletter
- + SALLR website
- + SALLR library

### VAN ZYL, RUDD AND ASSOCIATES SA (PTY) LTD

Van Zyl Rudd House, 3 Mill Park Road, Mill Park, Port Elizabeth, 6001 • PO Box 12758, Centrahil, Port Elizabeth, 6006  
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## ORDER FORM

PLEASE COMPLETE, SIGN AND FAX BACK OR E-MAIL TO: Taryn van der Merwe 041 373 4323 (fax) or pa@vanzylrudd.co.za

SECTION 1 – PACKAGE DETAILS			
<b>SALLR WORKBOOK PACKAGE</b>			
Price:	R 950.00 + 15% VAT, packaging & courier = R 1 092.50	Quantity:	Total Price:
<b>SALLR TRAINING PACKAGE</b>			
Price:	R 2 400.00 + 15% VAT, packaging & courier = R 2 760.50	Quantity:	Total Price:
SECTION 2 – COURIER (supply the name and details of the person to whom copy/ies must be couriered)			
Title:	First Name:	Last Name:	
Tel No:		Fax No:	
E-Mail Address:			
Postal Address:			Postal Code:
Physical Address:			Postal Code:
Cell No:			
SECTION 3 – PAYMENT DETAILS			
<b>Bank Deposit – the only method of payment</b>			
You are required to deposit the total purchase price into VZR's bank account via an electronic transfer or direct bank deposit. Please quote your organisation name in the reference field of the deposit slip or transfer form. If you are ordering in your private capacity please quote your last name. Payment cannot be allocated to the order without this information. Kindly fax/email through the deposit slip for attention Taryn van der Merwe (041 3734323 / pa@vanzylrudd.co.za).			
VZR Banking Details: Account Name: Van Zyl, Rudd and Associates SA (Pty) Ltd – Bank Name: ABSA – Branch Name: Newton Park Branch Code: 632-005 – Account No: 40-8094-0399			
SECTION 4 – INVOICE DETAILS			
Tick the appropriate box: <input type="checkbox"/> We require an invoice before we make payment to VZR <input type="checkbox"/> We require an invoice after we made payment to VZR			
Organisation Name (if applicable):			
Postal Address:			Postal Code:
Physical Address:			Postal Code:
VAT Number:	Order Number:		
Payment Queries: Kindly include the name of the person to whom invoice and payment queries should be directed.			
Title:	First Name:	Last Name:	
Tel No:		Fax No:	
E-Mail address:			

Name: ..... Cell no.: ..... Signature: ..... Date: .....