

Product Order Form

Date / / Client Number

Company	<input type="text"/>	
Client name	<input type="text"/>	Phone <input type="text"/>
Client email	<input type="text"/>	
Accounts email	<input type="text"/>	
Authorisation	<input type="text"/>	

Price

PRODUCT	QUANTITY	AMOUNT
PLEASE ENSURE YOU HAVE INCLUDED GST	TOTAL	

Payment Options (please tick)

Credit Card
 Please fill out credit card details below.

Direct Debt
 I authorise TPS Credit Control to direct debit my account for the above amounts.

I have made payment
 I have made payment, please see remittance details below.

BANK DETAILS - Name: **The Tenancy Practice Service** Bank: **National Bank** Account Number: **06 - 0483 - 0112778 - 00**

Your Credit Card Details

Name Expiry /

Type Visa Master Card Amex

Card No

Please securely store these credit card details and debit the credit card for future service charges.

Invoice - office use only
 cc charged YES

Remittance Details (Please add GST)

Payment Date / /

Payer Particulars

Payer Code

Payer Reference

**Once payment has been made
please return this form**

Direct Debt form available from our website www.tpscreditcontrol.co.nz

Invoice - From the Tenancy Practice Service Ltd

Invoice Date / /

Invoice Number

GST Number 103-683-459

**If you wish to proceed with this request
then please use this as your invoice**

Signed _____ Date / /