

# Platinum Programme Order Form



**FAX: 09 523 9764**

**Email: info@tenancypractice.co.nz**

**Ph: 09 304 0853**

Company			
Client name		Phone	
Client email			
Accounts email			

## Attendees

Name		Ph	
Email			
Name		Ph	
Email			
Name		Ph	
Email			
Name		Ph	
Email			

## Ticket price per office per stage

Ticket and discounts	Amount (incl gst)
<b>Credit Checking Clients</b>	\$136.85
Consultancy Clients	\$171.35
Standard price	\$194.35
<b>Total</b>	

**Training wish to attend:** STAGE

## Payment Options (please tick)

**Credit Card**

Please fill out credit card details below.

**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	<input type="text"/>	/	<input type="text"/>
Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex				
Card No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	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

Payment Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Payer Particulars					
Payer Code					
Payer Reference					

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

## Invoice - From the Tenancy Practice Service Ltd

Invoice Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Invoice Number					
GST Number	103-683-459				

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

Signed \_\_\_\_\_ Date  /  /