1/25 Norman Spencer Dr
Manukau City
Auckland
PH 09 2520191
FAX 09 2501262
0800 332836

Sales Person _____

DEBTFORCE LTD
Debtor Management
LABEL & LETTER Service
Email- enquiries@debtforce.co.nz

P O Box 98724
Manukau City
Auckland 2241

Client Account Number

_____

Credit Stationery Order Form

_____
Client Name

Of _____ Postcode _____

Postal Address_____ Postcode _____
Address

Ph _____ Fax _____Email Address_____

10

11

12

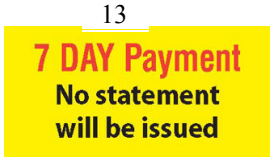
13

14

15

16

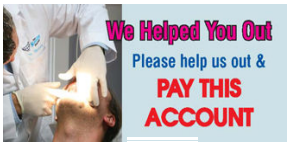
17



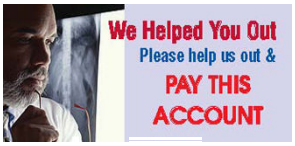
18

NEW !! Health Professionals Labels

1



2



3

4

ORDER FORM

I/We request DEBTFORCE Ltd to provide the required Labels @ **$5.00** INC GST per sheet of **27 labels** Minimum order 2 sheets

Label Type Number	No of sheets required	$

Please tick a payment box and complete card details

☐ Our **Cheque** is attached

☐ **Direct Credit** to DEBTFORCE Bank Account
National Bank Manukau City
Acc 06-0293-00114166-00

☐ **Credit Card**

Type _____

Card No_____

Authorising No _____ (Reverse of card)

Name on Card _____ Expiry / /

Your order no_____ Your Ref _____

☐ Please **charge our account** with the cost of these Labels

Ordered By Date / /

_____

Please Note! No debts will be processed until payment has cleared through the banking system