Independent Newspapers (Pty) Ltd Request for Sales Invoice to be raised			INDEPENDEN Independent Newspapers (Pty) L Date
Details of service & cost supplied by INL			
Does the total amount to be charged	I to the client include or excl	ude VAT ?	
t	Zero Rate/ Exempt N/A		
F	Exclusive VAT	VAT 0	Inclusive VAT
* If no amounts in the VAT column we	would assume zero rated or VA		0
Does the client require a Tax Invoice	now or only a Proforma Invo	pice to enable paymen	t ?
F	Tax Invoice	Proforma Invoice	7
G/L Code to be credited	HAO	MB30SD01	
	ПАОІ	INIB303D01	
Comments / special notes			
Client / Company Name			
(to be invoiced) VAT Registration number			
Physical address			
Partal Address			
Postal Address			
-			_ Code
Ordered by (Person's name and surn	name)		
Phone No.		Fax No.	
Duly authorised	Existing A/C Independent N		Management Representative taking this order
INL Representative			
INL Representative Client Order No.	Post & fax inv to client	Name	
Client Order No.	Yes L	Department	
Client Order No.			
Client Order No.	Yes Linvoice to be collected	Department	
Client Order No.	Yes Linvoice to be collected	Department	