ORDER FORM

ROTHENBERGER
pipetool technologies at work

8172

Company Name:_____ Date:_____

Buyer's Name:_____ Account Number:_____

Tel No:_____ Order Number:_____

Fax:_____ V.A.T Number:_____

Delivery Address:_____

Collection ☐

Delivery ☐

Part Number	Description	QTY	Nett (Each)	TOTAL
			SUB TOTAL	
			V.A.T	
			TOTAL	

Rothenberger Representative:_____

Date:_____ Authorised Signature:_____

JHB Head Office Tel: 011 372 9600 Fax: 011 372 9632 **DBN Branch** Tel: 031 312 2423 Fax: 031 303 2848 **CPT Branch** Tel: 021 593 4185 Fax: 021 593 4186