



THE ONLY RESTAURANT GUIDE YOU'LL EVER NEED

PROFORMA INVOICE (for all COD orders):

<p align="center"><b><u>EAT OUT RESTAURANT AWARDS</u></b></p> <p><b><u>Booking:</u></b></p> <p>Single ticket            R1 000 incl. VAT    {R877 excl. VAT}</p> <p><b><u>No of tickets</u></b></p> <p><input type="checkbox"/>    <b>Total R</b> _____</p> <p>Dietary requirements/Special requests (if applicable):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b><u>Date:</u></b></p> <p>_____</p> <p><b>Restaurant name (if applicable):</b></p> <p>_____</p>	<p><b>Name/s:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p><b>Contact person:</b></p> <p>_____</p> <p><b>Phone:</b></p> <p>_____</p> <p><b>Mobile:</b></p> <p>_____</p> <p><b>Email address:</b></p> <p>_____</p>
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**PAYMENT OPTIONS:**    (Please tick your choice of payment)

• **DIRECT DEPOSIT:** (Copy of deposit slip attached/faxed)

*Please include initial and surname as reference when making deposit*

• **ELECTRONIC TRANSFER:** (Copy of EFT slip attached/faxed)

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• **CREDIT CARD:**

Card Holder's Name: \_\_\_\_\_

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Card Number: \_\_\_\_\_

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Date to go through: \_\_\_\_\_

3 Digits at back: \_\_\_\_\_

Visa

Master Card

Diners

Other

**BANK DETAILS:** **New Media Publishing, Nedbank Sea Point**

**Branch Code: 106 909**

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**TEL: (021) 417 1111**

**FAX: (021) 417 1112**

**VAT Registration Number: 4570172611**

**EMAIL: alicia.erasmus@newmediapub.co.za**

**Please note:** Tickets for the **EAT OUT RESTAURANT AWARDS** are on a first come first served basis. Tickets are limited. All bookings will ONLY be confirmed once we have received proof of payment.