



### SOFTWARE ORDER FORM

Reference Number \_\_\_\_\_ (For Internal Use) Franchise/Agent Code \_\_\_\_\_

Customer Name \_\_\_\_\_

Postal Address \_\_\_\_\_  
Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Tel Number \_\_\_\_\_

Product	Qty	Price	Total
Benutriwise Software			
Courier Charges			
<b>Total Due</b>			

(If Delivery Required)

I Confirm that :  I have received my serial number  Benutriwise will e-mail my serial number

(tick the applicable box)

I further confirm that the software and the serial number remain the property of Benutriwise, and should payment not be successful, I will un-install the software and return the serial number information. I agree to abide by the terms and conditions associated with the software.

Customer Signature \_\_\_\_\_ I.D. No

### PAYMENT OPTIONS

#### CASH / CHEQUE PAYMENT

All Cheques are to be made payable to BENUTRIWISE & marked "Not Transferable"  
Please note **we do not accept cash** for security reasons.

#### CREDIT CARD

Cardholder Name \_\_\_\_\_

Card Number

Card Type  Diners Club  MasterCard  Visa

Expiry Date  /  CVV No.

Total Amount  (to be debited from the card)

Signature \_\_\_\_\_

#### EFT DETAILS

Bank Name First National Bank Branch Name Durban North (220426)  
Account Name Benutriwise Account No 62210866854  
Payment Reference \_\_\_\_\_ (Franchise/Agent Code to be used as payment reference)