

TissueMasters

(PTY) LIMITED

33 Quality Road, Isando 1600. Gauteng. P O Box 2696, Bedfordview, 2008, South Africa.

Tel: + 27-11 392 4601, Fax: +27-11 392 2139

Customer Deal Form

| |
|--------------------------|
| Date: |
| Customer: |
| Customer Account Number: |
| Region: |
| Buyers Name: |
| Contact Number: |
| Fax: |
| Email: |
| Delivery Address: |
| Postal Address: |
| |
| Sales representative: |

| Product Code | Product Name | Product Price- Case (exc vat) | Order Quantity - Cases | Total Amount (ex Vat) |
|--------------|--------------|-------------------------------|------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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|--|
| Payment Terms: |
| Credit Limit: |
| |
| Customer Signature: _____ Date: _____ |
| Name: _____ |
| |
| Tissue Masters Representative Signature: _____ Date: _____ |
| Name: _____ |
| |
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