

Sl.No.

ORDER FORM

Date: - _____

Company Name: - _____

Office Address: - _____

Street Name: - _____ City _____

Postal Code: - _____ State _____

Division: :- Pharma /Health Care/Others

Name of the contact Person: - _____ Designation _____

Telephone No.: - _____ Mobile No. _____

Email Address: - _____ Fax No. _____

We are pleased to place an Order on you for the following Services of Harneedi

Services	Qty.	Unit Price	Validity/Duration	Amount	Activation Date
			Service Tax @10.30%		
			Grand Total		

PAYMENT DETAILS

Cheques /Drafts to be drawn in favour of " VNS Makro Technologies Pvt. Ltd"

Mode of Pay: - CASH / CHEQUE / DEMAND DRAFT / CREDIT CARD

Cheque No.: - _____ Chq. Date: - _____ Bank Name _____

Cheque Amount _____ TDS deducted _____ PAN No. _____

Name of the Person: - _____ Designation: - _____

Signature & Stamp