Phases

Counselling

Invoicing Information

To ensure that Phases Counselling can invoice you properly, kindly provide me with the following details:

-Title (Mr./Miss./Mrs./Miss./Dr.)
-First Name
-Surname
-Email address
-Phone number
-Billing/Shipping address (e.g., 5 Ocean Drive, Stanger, KwaZulu-Natal, 8792)
-***Please indicate whether billing and shipping address are the same***.

Payment can be done via EFT. Banking details are available on the invoice and the website: www.phasescounselling.co.za

Kindly send the above details via email to acc.phasescounselling@outlook.com

Thank You