

<ORDER SLIP>

MESSRS:

<YOUR COMPANY NAME>

COMPANY NAME:

<COPY YOUR COMPANY LOGO>

ADDRESS:

ADDRESS:

PHONE:

PHONE:

FAX:

FAX:

INCOTERMS					PO NO.	
			<CITY>			
DATE		DELIVERY			PAYMENT TERM	
PRODUCT NAME	SIZE	UNIT	QUANTITY	UNIT PRICE	AMOUNT	NOTE
<ITEM CODE> <PRODUCT NAME>		L				
<ITEM CODE>						
<ITEM CODE>						
<ITEM CODE>						
<ITEM CODE>						
<ITEM CODE>						
<ITEM CODE>						
<ITEM CODE>						
<ITEM CODE>						
SUB TOTAL						
FREIGHT COST						
TAX						
TOTAL AMOUNT						

SIGNATURE

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