

MESSRS:
COMPANY NAME

ORDER SLIP

<YOUR COMPANY NAME>

ADDRESS:

<YOUR OFFICE ADDRESS>

PHONE:

TEL:

FAX:

FAX:

INCOTERMS		PO #
DATE	DELIVERY	PAYMENT TERM

SERVICE DESCRIPTION		AMOUNT
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
<u>NOTE</u>	SUB TOTAL	
	TAX	
	TOTAL AMOUNT	

<SIGNATURE>