

O R D E R S L I P

MESSRS :
COMPANY NAME :
ADDRESS :
PHONE :
FAX :

<YOUR COMPANY NAME>
 <COPY YOUR COMPANY LOGO>
 ADDRESS: <YOUR OFFICE ADDRESS>
 PHONE: <PHONE NUMBER>
 FAX: <FAX NUMBER>

INCOTERMS				DATE		
		<CITY>				
PO NO.		PAYMENT TERM		DELIVERY		
PRODUCT NAME	SIZE	UNIT	QUANTITY	UNIT PRICE	AMOUNT	NOTE
<ITEM CODE> <PRODUCT NAME>						
SPECIAL NOTES AND INSTRUCTIONS				SUB TOTAL	¥0	
				FREIGHT COST		
				TAX	¥0	
				TOTAL AMOUNT	¥0	

SIGNATURE
