

# O R D E R   S L I P

|                 |
|-----------------|
| <b>MESSRS :</b> |
| 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><br><PRODUCT NAME>  |              |        |          |              |        |      |
| SPECIAL NOTES AND INSTRUCTIONS |              |        |          | SUB TOTAL    | ¥0     |      |
|                                |              |        |          | FREIGHT COST |        |      |
|                                |              |        |          | TAX          | ¥0     |      |
|                                |              |        |          | TOTAL AMOUNT | ¥0     |      |

SIGNATURE

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