

# ORDER

## RECIPIENT

COMPANY NAME:

ADDRESS:

PHONE:

<YOUR COMPANY NAME>

<COPY YOUR COMPANY LOGO>

ORDER#

Date:

INCOTERMS	DELIVERY DATE	PAYMENT TERM

Service Description	Amount

Remarks and Instructions

Sub Total:

Tax:

**Total Amount:**

SIGNATURE

If you have any questions, please contact below.

<Your company address>

Tel:                      E-Mail:

THANK YOU FOR YOUR BUSINESS!