

CHECK ONE

- ☐ Product/Service delivered at time of order
☐ Order for future delivery
☐ Pre-paid ☐ Payment on Delivery



CUSTOMER NAME

EMAIL

ADDRESS

REQUESTED
DELIVERY DATE

DATE
DELIVERED

DATE

SALES REP

JA COMPANY

QTY

DESCRIPTION

UNIT PRICE

SUB TOTAL

☐ Input in Record Keeping

Number _____

TOTAL AMOUNT OF SALE

CUSTOMER
NAME

DELIVERY
DATE

SALES
REP

PRODUCT

SUB TOTAL

**TOTAL AMOUNT
PAID**

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