RETAIL INVOICE

Date:



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| INDEPENDENT DEALER |  | CUSTOMER |
|  |  |  |
| Name: |  | Name: |
| Address: |  | Address: |
| Celll No: |  | Celll No: |

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| QTY | PRODUCT NAME | CODE | UNIT  PRICE | TOTAL  PRICE |
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|  |  |  | **TOTAL** |  |

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| Referrals |

You may cancel this order within 7 days of the above date without any obligation or penalty. If you cancel you must return the products unused and in the same condition that you received them. Any shippimg cost incurred in the return of the product due to cancellation of the order will be for the account of the customer.

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Independent Dealer Signature Customer Signature