SALES RECEIPT

Independent Consultant

Receipt No: _____

Date: _____

CONSULTANT INFORMATION

Name:

Company:

Phone:

Email:

CUSTOMER INFORMATION

Name:

Address:

Phone:

Email:

Qty	Item / SKU #	Description	Unit Price	Total

Method of Payment

☐ Cash

☐ Check

☐ Credit / Debit

☐ Other

Check No. / Ref:

Host / Event Name:

Subtotal	
Shipping & Handling	
Sales Tax	
Total	
Amount Paid	
Balance Due	

Customer Signature

Consultant Signature

Thank you for your business!

All sales are subject to the company's return and exchange policy.