PRODUCT RECEIPT

Receipt No: _____

Date: _____

Order No: _____

INDEPENDENT DISTRIBUTOR

Name:

ID Number:

Phone:

Email:

Address:

CUSTOMER / BUYER

Name:

Phone:

Email:

Address:

Host/Party Name:

QTY	ITEM / SKU #	DESCRIPTION	UNIT PRICE	TOTAL PRICE

PAYMENT METHOD

☐ Cash
☐ Credit Card
☐ Check
☐ Other

Details:

Subtotal:	
Shipping & Handling:	
Sales Tax:	
Total Amount:	
Amount Paid:	
Balance Due:	

CUSTOMER SIGNATURE

DISTRIBUTOR SIGNATURE

CUSTOMER'S RIGHT TO CANCEL: You may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the reverse side or accompanying documentation for an explanation of this right. Thank you for supporting an independent business owner!