

# PERSONAL ORDER BOOK



| Distributor name / Stamp |
|--------------------------|
| M/s. _____               |
| _____                    |
| _____                    |
| Ph: _____                |

|               |
|---------------|
| <b>From :</b> |
|---------------|

|                    |
|--------------------|
| <b>Order No. :</b> |
| <b>Date:</b>       |
| <b>Time:</b>       |

|                               |
|-------------------------------|
| <b>STOCKIST / C &amp; F :</b> |
|-------------------------------|

| Sl. | Product | Unit | Qty | Free | PTR Rs. | Value Rs. |
|-----|---------|------|-----|------|---------|-----------|
| 01  |         |      |     |      |         |           |
| 02  |         |      |     |      |         |           |
| 03  |         |      |     |      |         |           |
| 04  |         |      |     |      |         |           |
| 05  |         |      |     |      |         |           |
| 06  |         |      |     |      |         |           |
| 07  |         |      |     |      |         |           |
| 08  |         |      |     |      |         |           |
| 09  |         |      |     |      |         |           |
| 10  |         |      |     |      |         |           |

\_\_\_\_\_  
(SIGNATURE OF THE TBM)

\_\_\_\_\_  
(NAME OF THE TBM)

\_\_\_\_\_  
(STAMP & SIGNATURE OF THE CUSTOMER)