# INDEPENDENT DISTRIBUTOR

formor

DATE: _____

SOLD TO: _____ PHONE: (  ) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

| quantity | description | amount |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | SUBTOTAL | |
| | SALES TAX | |
| | SHIPPING (IF APPLICABLE) | |
| | TOTAL DUE | |

TWO (2) COPIES – Customer ONE (1) COPY – Distributor