TERCELHERBS PVT. LTD.

E-26, Sector 3, Noida, Gautam Budh Nagar
Uttar Pradesh -201301
Email: info@skytercel.com,
Website: www.skytercel.com
Ph. : 01203201821

PURCHASE ORDER FORM BY A CONSUMER

Name & Address of Pick-up Store/Franchisee: _____

_____

No. _____ DATED DD MM YYYY

I _____

have read the Terms and conditions stated overleaf to which I fully agree and place the purchase order for the products as under:

S.No	Name of Product	MRP (₹)	DP (₹)	Quantity	Amount (₹)	Cash-back Applicable
GRAND TOTAL						

_____
Signature of the Consumer

REMARKS

1) Delivery taken by hand vide Invoice No _____Signatures_____)
2) Products shipped vide _____(Name of Courier/Transport)
   Receipt No._____ Dated_____
3) Payment received in cash/Bank (UTR No._____}

_____
Signature