

**BILL TO:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 PO Number \_\_\_\_\_  
 Contact \_\_\_\_\_

**SHIP TO:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 PO Number \_\_\_\_\_  
 Contact \_\_\_\_\_

Code Number	Product Description	Case Size	Case Quantity	Case Price	Extended Total

\*For orders over ten thousand pounds (10,000) freight will be pre-paid

**FOR NATURAL SOLUTIONS OFFICE USE ONLY**

Date Shipped \_\_\_\_\_ Shipped Via \_\_\_\_\_  
 Price Level \_\_\_\_\_  
 Payment Info \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Sub-Total</b>	
<b>Tax</b>	
<b>*Shipping</b>	
<b>ORDER TOTAL</b>	
TO BE INVOICED	

CUSTOMER SIGNATURE/DATE SIGNED (orders will not be processed without customer signature)

PRINTED NAME