

SALES CONTRACT

DATE:
INVOICE NO:

PURCHASER:
ADDRESS:
TEL:
TAX CODE:

SUPPLIER:
ADDRESS
TEL
EMAIL

FROM: TO:
GOODS:

No	Part Number	Description	Set	Origin	Qty	Unit Price (USD)	Total Ammount
1							
2							
3							
4							
5							
Total							
Freight							
Total amount							

Value in Word:
Delivery Terms:
Payment Term:

SUPPLIER

PURCHASER

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