



END USER PRODUCT ORDER FORM

1. BASIC INFORMATION

USER NAME:

ADDRESS:

CITY:

TOWN:

STATE:

TELEPHONE NOS:

E-MAIL:

2. ITEMS ORDERED

PRODUCT DESCRIPTION	QUANTITY	DELEVERY TIMELINE	REFERRAL CODE <i>(For End Users referred by another User)</i>
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
		WORKING DAYS	
Others:		WORKING DAYS	
Others:		WORKING DAYS	

3. DELIVERY METHOD:

3.1 If delivery is to Customer Address, please specify delivery address:

ADDRESS:

CITY:

TOWN:

STATE:

4. INSTALLATION:

5. Payment type:

6. ORDER PROCESSED BY: (For Official Use Only)

NAME:

DESIGNATION