RETAIL CUSTOMER SALES RECEIPT



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CUSTOMER'S NAME:

ADDRESS:

CONTACT NO.:

INDEPENDENT DISTRIBUTOR'S NAME:

ADDRESS:

CONTACT NO .:

DESCRIPTION	QUANTITY	UNIT AMOUNT	TOTAL
Reliv NOW with LunaRich			
Reliv NOW SACHET			
Reliv NOW SACHET Mini Box			
Reliv LunaRichX capsule - 30			
Reliv LunaRichX capsule - 120			
INNERGIZE Orange			
INNERGIZE Lemon			
FIBRESTORE			
NOW FOR KIDS Vanilla			
NOW FOR KIDS Chocolate			
ARTHAFFECT			
REVERSAGE			
	•		•

Product Guarantee:

TOTAL DUE Php

CUSTOMER SIGNATURE

Please retain one copy for your records and give one copy to your customer.

If for any reason you are not completely satisfied with any Reliv product you purchased, you may return it within 30 days after purchase for a full refund from your Independent Reliv Distributor.

I HAVE RECEIVED THE PRODUCTS IN GOOD ORDER & CONDITION

RETAIL CUSTOMER SALES RECEIPT



DATE: _____

CUSTOMER'S NAME:

ADDRESS:

CONTACT NO.:

INDEPENDENT DISTRIBUTOR'S NAME:

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