

ON THE LETTERHEAD

PACKING SLIP

[Date]

Packing Slip No. _____
Order Date: _____
Customer Contact: _____

PO # _____
Order Number: _____
Customer Account: _____

Shipping Address:

[Name]
[Designation]
[Address Line 1]
[Address Line 2]
[Contact Number]

Billing Address:

[Name]
[Address Line 1]
[Address Line 2]
[Contact Number]

Sr. No.	Product No.	Product Description	Order Quantity	Shipping Quantity	Backorder Quantity*

*** Backorder quantities will be shipped as they become available.**

In case of any comments or concerns regarding the shipment products, please contact the Customer Service at _____.

Thank you for your order!