



Organization Details

Date: __ / __ / 20__

Organization Name :

Contact Person :

Mobile Number :

Address :

GST Number :
(if applicable)

Order Details

S.No.	Product Name / Code	Quantity	Unit Price	Total Amount	Received	To Be Paid
1	Shadow Bourne (100ml)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Shadow Creed (100ml)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Ever After (100ml)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Aether Allure (100ml)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Essential Oil - 10ml*3 Breathe Meditate Balance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Grand Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In Words : _____

Mode Of Payment:

☐ Cash ☐ UPI ☐ Bank Transfer ☐ Other: _____

Business Associate Name: _____ Code _____

Payment Details :

AC No:127327000000165

Bank Name:Yes BankBranch: GR FLR GC 14,Shop No. 15-16-17 Avenue Gaur City Noida Ext.

IFSC CODE: YESB0001273

Scan here to pay



Signature & Stamp

IndumaaPremiumVentures
Pvt. Ltd.