

Return Order

For :

Messrs :

Code :

Return Order No :

Address :

Date :

Customer :

Code :

Inv. Ref No :

Received by :

Date :

PO No :

PO Date :

[illegible]

Delivery	1.	<input type="checkbox"/>	ex W/house(P/C/D)	2.	<input type="checkbox"/>	Franco(P/D)	by	<input type="checkbox"/>	Freight charge:
Payment	1.	<input type="checkbox"/>	COD	2.	<input type="checkbox"/>	Prepaid	3.	<input type="checkbox"/>	Free/TO/LF/RP/PT
	5.	<input type="checkbox"/>	Within <input type="text"/> days after	5a.	<input type="checkbox"/>	SJ/Inv/FP/Tender	5b.	<input type="checkbox"/>	Closing on
	by 1)	<input type="checkbox"/>	Cash	2)	<input type="checkbox"/>	Check	3)	<input type="checkbox"/>	Transfer
		<input type="checkbox"/>	by		<input type="checkbox"/>	by		<input type="checkbox"/>	by
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	Giro
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	for the Month/Week(M/W)

Ship from :

Remark :

Prepared by	Approved by	
Marketing	(Prior)	(Post)