## SUSRI TOUR TALES PVT LTD

twistt.stt@gmail.com 9059644412

## ORDER CONFIRMATION

Customer Order Ref:

STT Invoice Ref.

**Invoice Date:** 

Item: TWISTT

**Bulk License Quantity:** 

**Amount Payable as per Invoice:** 

**Payment Details:** 

Name and Mobile Number of **STT Sales Executive:** 

Signature Seal