

# \$COMPANY\_NAME\$

## Consignment Note

# \$DELIVERY\_RUN\_NAME\$

Delivered by \$ORGANISATION\_NAME\$

Reference \$REFERENCE\$  
Barcode \$BARCODE\$  
Date Added \$DATE\_ADDED\$  
Delivery Run Date \$DELIVERY\_RUN\_DATE\$



\$ADDRESS_TYPE\$	\$ADDRESS\$
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\$FIELD_1\$	\$FIELD_2\$	\$FIELD_3\$	Product Type
\$FIELD_1_VAL\$	\$FIELD_2_VAL\$	\$FIELD_3_VAL\$	\$PRODUCT_TYPE\$

\$BLOCK\_SALE\_ORDER\$

Item Code	Description	Product Type	Quantity
\$SOP_CODE\$	\$SOP_DESCRIPTION\$	\$SOP_PRODUCT_TYPE\$	\$SOP_QTY\$ \$SOP_MEAS\$

\$BLOCK\_SALE\_ORDER\$

\$BLOCK\_SPECIAL\_INSTRUCTIONS\$

**Special Instructions:** \$SPECIAL\_INSTRUCTIONS\$

\$BLOCK\_SPECIAL\_INSTRUCTIONS\$

\$BLOCK\_CASH\_ON\_DELIVERY\$

**Cash On Delivery Required:** \$COD\_VALUE\$

\$BLOCK\_CASH\_ON\_DELIVERY\$

Received in good order and condition (Please use blue/black pen only) FOR(Sign)_____ Date: ___/___/___ (dd/mm/yyyy) Receiver (PRINT)_____ Time: _____	Plt Handling	
	Ctn picks	
	Shrinkwrap	

More information about this consignment can be found: \$CONSIGNMENT\_URL\$

Please contact us with any questions or comments.

*Thank you for your business!*

