

Invoice No. _____

Mexico Retail Sales Invoice

DATE _____

CUSTOMER'S NAME _____

STREET _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

(DETACH HERE AND RETURN WITH CANCELLATION, IF APPLICABLE)

Cancellations are to be returned to the Independent Associate, who will refund the amount of the order.

INDEPENDENT ASSOCIATE'S NAME / [SELLER] _____

RFC: _____

STREET / [SELLER'S PLACE OF BUSINESS] _____

PHONE _____

CITY _____

STATE _____

POSTAL CODE _____

QUANTITY	DESCRIPTION	PRICE EACH	TOTAL

CANCELLATION GUARANTEE

YOU THE BUYER MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE TENTH BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION.

SUBTOTAL

SHIPPING

TOTAL

CUSTOMER SIGNATURE _____