CUSTOMER ORDER FORM AND RETAIL SALES RECEIPT

>	Independent Distributor Name:				
	ndependent Distributor ID No:				
	Address:				
	Email:				
	Tel/Fax:				
	VAT Reg. No. (if appl)				
	Please complete	e this forn	n in full		
>	Transaction	Date:			
	Customer N	lame:			
	Address:				
	Email:				
	Tel/Fax:				
	Payment Method:				
>	□ cash □ card				
	🗖 cheque –	please ma	ake payable to		
	Products Delivery:				
	□ collection from				
	□ send to customer address □ delivery/pick up on: / /				
	Order Details:				
	Item Code	Qty	Description	Total	
		ν.,			

Thank you for your order!

White copy – Customer Yellow copy – Independent Distributor **TIENS**

This retail sales receipt is issued by the Tiens UK Ltd Independent Distributor named on the front page. All queries and returns should be raised in the first instance with the Distributor who has issued this receipt.

NOTICE OF CANCELLATION RIGHTS

- 1. You have a right to cancel this order within fourteen days of the date of the order form by sending or taking written notice of cancellation to the Independent Distributor named on the front of this order form/receipt. You must return the product(s) in the same condition you received them from the Seller. The Seller will then offer you the chance to have the product replaced without charge, receive full credit towards the purchase of another TIENS product, or receive a refund of the full purchase price.
- If you so wish, you can use the cancellation form set out below to cancel this order.

	CANCELLATION FORM		
To:			
Customer's	s Name:		
Customer's	c Address:		
Customer	s Address.		
I hereby give notice that I wish to cancel my order			
shown on	the front page of this form.		
We apprec	ciate your feedback and invite you to indicate why you ncel:		
Thank you	for taking the time to let us know!		
Signed:			
Date:			

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