



AURETICS LIMITED

TO BE USED ONLY BY CUSTOMERS FOR PLACING ORDER TO
AURETICS DISTRIBUTORS

CUSTOMER RECEIPT

ADVISOR REGISTRATION NO. _____ DATE: _____

CUSTOMER NAME: _____

SHIP TO: _____ MOBILE: _____

STATE: _____ PIN: _____

PAYMENT MODE (CHEQUE / CASH / NEFT): _____

| S.NO. | DESCRIPTION | QUANTITY | TOTAL |
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| | GRAND TOTAL | | |

CUSTOMER's SIGNATURE: _____ ADVISOR's SIGNATURE: _____