

Only for São Paulo



Effective as of April 2024

NAME:

SERVICE CENTER ID/ MEMBER ID: **E-MAIL:**

ADDRESS:

ZIP CODE: **PHONE NUMBER:**

Effective as of April 2024

[illegible]

TOTAL AMOUNT ORDERED: (A)	R\$
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SHIPPING & HANDLING: (B) R\$
(R\$ 40.00 for all shipping and handling)

TOTAL PAYMENT: (A + B)	R\$
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PLEASE SELECT YOUR PAYMENT METHOD	
	QUANTITY
BANK DEPOSIT	\$ _____
TOTAL AMOUNT: \$ 	

****Each purchase order must carry ONLY one payment and must be EXACT (Do not leave balances)**

*Only bank deposits / electronic transfers with a maximum of 7 days old are accepted at the date of purchase

***Payments with Check are not accepted**

Day/ Month/ Year
DATE

DISTRIBUTOR SIGNATURE