| Company Name: |
| :--- |
| Company Address:  <br> MOF \& VAT numbers:  <br> Phone / Mobile:  <br> Email:  <br> Date :  |



| Do you deliver to refugee camps? |  |
| :--- | :--- |
| Can more than one delivery on the same day to different areas? |  |
| is there minimum quantity to proceed with the order? If yes, <br> please mention the number |  |
| Invoice will be issued in USD? |  |
| Payment Method: (Monthly or upon delivery) (Cash or Wire <br> Transfer ) |  |
| Company Representer Name \& contact: |  |
| Signature \& Stamp: |  |

