

Customer Order Form

*Company: *Individual:

Ref No:

*Billing Name: _____

*Contact Person: _____ * Mob No: _____/_____

*Address for Bill/Communication: _____

*Mail Id: _____/_____

*City: _____ District _____ State _____ *Pin code: _____

PAN: _____(If any) *GST No: _____(If any)

*Product: ERP Software /CRM /Dental /Eye Clinic /Fleet /Fuel /POS /Hotel /Website /Digital Marketing /Other Service _____Scope of Project: Refer Annexure A

*One Time Cost: _____ (+18% GST) + Other Cost If any _____

Monthly/Yearly Cost: _____(+18% GST)

*Payments Mode by: Cash / Online

Details: _____

Place: _____

Name:

Date: _____

*Seal & Sign: _____

Remarks: _____

For Payment: ICICI Bank, AC No: 204105001705, IFSC Code: ICIC0002041, Branch: Sundarapuram, Coimbatore

-----Office Use-----

Referred By: _____ Mob: _____ Mail Id: _____

Location: _____ Seal & Sign: _____ GST No: (If any) _____

Note: * Mandatory Field & Conditions Apply

AppsComp Widgets Pvt Ltd
3rd Floor, Mayflower Valencia, Nava India Stop, Avinashi Road, Coimbatore - 641004, TamilNadu

Mail: business@appscomp.com | Mob #78457 40014 | #74180 61119

GST No: 33AAOCA2037J1ZR