dōTERRA

SALES RECEIPT - THAILAND

Seller Name			Wellness Advocate/Member #		
Address					
Buyer Name					
Province	Phone #		Email		
Date of Purchase	Date of Deliver	ry I	Method of Delivery		
Shipping Address					
Product		Quantity	Unit Price	e Line Total	
				SUBTOTAL:	
				TAX: TOTAL:	
Payment Method					
☐ Credit Card On File					
☐ Check	Check #	Cash/Amou	nt \$		
☐ Credit Card	Туре	#	Exp		
Date and Time of Payment		Place of Payme	ent		
	tisfaction. dōTERRA Enterprises (Thailand) Li ucts must be returned within fifteen (15) day		he returned products were received by	y the Customer in damaged condition or	
from the date of the receipt of	nte this Agreement by sending a written of products. döTERRA Enterprises (Thaila of Marketable products within 15 days fro	nd) Limited will refund one hu	ndred percent (100%) of the purch		
Date of Receipt:/	_/				
Date of 7th Business Day Aft	ter Receipt:/	_			
	m indicating that you wish to cancel your pur , along with the product purchased. A full ref				
I HEREBY CANCEL THIS TRANS	ACTION				
Sign:					
Date:/					