

DATE: _____

GB SHOTS INTERNATIONAL
PRODUCT PACK PURCHASE FORM

FULL NAME (REPRESENTATIVE)

NAME OF DEALER / DPN & HEAD

ORP

ADV

QTY

GB TROPICAL

CHIA FRUIT PUNCH FORTE

DRAGON FRUIT

NAME: _____

INT'L ADDRESS: _____

ZIP CODE: _____

CONTACT NO.: _____

ID PRESENTED: _____

VERIFIED BY: _____

CUSTOMER RELATIONS STAFF