**(BUSINESS NAME)**

**ORDER CONTROL SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Order recipient: | | | | | | |
| Date: | | Time: | | | Order N°: | |
| Customer name: | | | | | Mobile Phone: | |
| ID number: | | | | Phone: | | |
| Full address: (Main street, house #, secondary street, reference point) | | | | | | |
| Delivery method requested by customer (home delivery, curbside pick-up, etc.): | | Delivery method used (home delivery, curbside pick-up, etc.): | | | | |
| Agreed delivery date: | | Agreed delivery time: | | | | |
| N° | Product | Quantity | | Unit price | Total ($) | Product available (Yes/No) |
| 1 |  |  | |  |  |  |
| 2 |  |  | |  |  |  |
| 3 |  |  | |  |  |  |
| 4 |  |  | |  |  |  |
| 5 |  |  | |  |  |  |
| 6 |  |  | |  |  |  |
| 7 |  |  | |  |  |  |
| 8 |  |  | |  |  |  |
| 9 |  |  | |  |  |  |
| 10 |  |  | |  |  |  |
| 11 |  |  | |  |  |  |
| 12 |  |  | |  |  |  |
| 13 |  |  | |  |  |  |
| Total value of products: | | | | |  | |
| Delivery cost: (If this applies, calculate the cost of packaging and transportation) | | | Total order cost: (including delivery cost) | | | |
| Delivered by: (Name and signature) | | | Received by: (Name and signature) | | | |
| Actual delivery date: | | | Actual delivery time: | | | |

**Recommendations:**

* When the order is delivered, attach the respective invoice and/or receipt to this document.
* It is not essential for customers to sign documents for safety reasons. Some customers will not want to use third-party pens. In this case, a photo with the products can be taken, or a voice note and/or message can be sent on WhatsApp indicating that products have been received.