



*Your Need, Our Service*  
 P.O. Box CS 8458, Tema  
 Tel: 0246 146 325 / 0202 029 445

**CASH BUSINESS**  
**(REQUESTS FORM)**

Name of Applicant:.....

Name of Organization:.....

Location of Residence:.....

Mobile Number:...../..... WhatsApp Number:.....

ITEM

QTY	PRODUCT CODE	ITEM DESCRIPTION	PRODUCT SERIAL NUMBER	CASH PRICE GH¢

I,..... do hereby acknowledge receipt of the following item(s) from **SYLVAMERC COMPANY LIMITED** as requested and do acknowledge that they are in good condition.

.....  
 Buyer's Signature

Date:.....

PLEASE NOTE

**Item purchased has A YEAR WARRANTY. The warranty does not cover screens of any item, especially TVs.**

**Marketing Representative:**

Name of Staff:.....

Signature:.....

Date:.....

**Supplied By:**

Name of Staff:.....

Signature:.....

Date:.....