



YOUR COMPANY NAME

Address: _____

 City, State, Zip: _____
 Phone: _____
 Email: _____
 Website: _____
 Tax ID / VAT No.: _____

INVOICE

Invoice Number: _____
 Issue Date: _____
 Due Date: _____

BILL TO:

Company Name: _____
 Contact Name: _____
 Address: _____

 City, State, Zip: _____
 Phone: _____
 Email: _____

SHIP TO:

Company Name: _____
 Contact Name: _____
 Address: _____

 City, State, Zip: _____
 Phone: _____
 Email: _____

#	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Subtotal: \$ _____
 Discount: \$ _____
 Tax (____%): \$ _____
TOTAL: \$ _____

PAYMENT METHOD

- Bank Transfer**
 Bank Name: _____
 Account Name: _____
 Account Number: _____
 Routing / SWIFT Code: _____
- Credit Card**
 Card Type: _____
- Other:** _____

NOTES

AUTHORIZED SIGNATURE

By signing below, I certify that this invoice is true and correct.


 Signature: _____
 Name: _____
 Title: _____
 Date: _____

THANK YOU FOR YOUR BUSINESS!
 If you have any questions, please contact us.

Non-Disclosure Agreement

This Non-Disclosure Agreement ("Agreement") is made and entered into as of _____ ("Effective Date") by and between:

1. DISCLOSING PARTY

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

2. RECEIVING PARTY

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

3. BUSINESS PURPOSE. The parties wish to explore a potential business relationship for: _____ (the "Purpose"). The Disclosing Party may disclose certain confidential information to the Receiving Party solely for the Purpose.

4. DEFINITION OF CONFIDENTIAL INFORMATION.

"Confidential Information" means all non-public information disclosed by the Disclosing Party, either directly or indirectly, in writing, orally, or by inspection of tangible objects, including, without limitation, business plans, financial information, customer lists, pricing, products, designs, processes, specifications, data, know-how, trade secrets and other proprietary information. Confidential Information shall not include information that: (a) is or becomes publicly known through no breach of this Agreement by the Receiving Party; (b) is rightfully received from a third party without a duty of confidentiality; (c) is independently developed by the Receiving Party without use of or reference to the Confidential Information; or (d) is required to be disclosed by law or court order, provided the Receiving Party gives the Disclosing Party prompt written notice to allow it to seek protective relief.

5. OBLIGATIONS OF RECEIVING PARTY. The Receiving Party shall: (a) hold and maintain the Confidential Information in strict confidence; (b) use the Confidential Information solely for the Purpose; (c) not disclose the Confidential Information to any third party except its employees, officers, directors, contractors, or advisors who have a need to know for the Purpose and who are bound by written confidentiality obligations no less restrictive than those set forth herein; and (d) use at least the same degree of care to protect the Confidential Information as it uses to protect its own confidential information, but in no event less than a reasonable degree of care.

6. EXCLUSIONS. Confidential Information does not include any information that: (a) is or becomes publicly known through no breach of this Agreement by the Receiving Party; (b) is rightfully received from a third party without a duty of confidentiality; (c) is independently developed by the Receiving Party without use of or reference to the Confidential Information; or (d) is required to be disclosed by law or court order, provided the Receiving Party provides the Disclosing Party with prompt written notice prior to such disclosure and reasonably cooperates in seeking a protective order or other appropriate remedy.

7. TERM. This Agreement shall commence on the Effective Date and shall continue for _____ (_____) years thereafter (the "Term"). The obligations of Sections 4, 5, 6, and this Section 7 shall survive the expiration or termination of this Agreement.

8. GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of law principles.

9. NOTICES. All notices and other communications under this Agreement shall be in writing and shall be deemed given when delivered personally, sent by reputable overnight courier, or emailed (with confirmation of receipt) to the addresses set forth above or to such other address as a party may designate by written notice.

10. MISCELLANEOUS. This Agreement contains the entire understanding between the parties regarding the subject matter herein and supersedes all prior or contemporaneous agreements or understandings, whether written or oral. This Agreement may be amended only by a written instrument signed by both parties. If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Non-Disclosure Agreement as of the Effective Date first written above.

DISCLOSING PARTY

By: _____

Printed Name: _____

Title: _____

Date: _____

RECEIVING PARTY

By: _____

Printed Name: _____

Title: _____

Date: _____



Customer Feedback Form

Thank you for choosing us! Your feedback helps us improve our products and services and provide you with the best possible experience.



Date: _____

1. CUSTOMER INFORMATION

Full Name:

Email Address:

Phone Number:

Company / Organization:

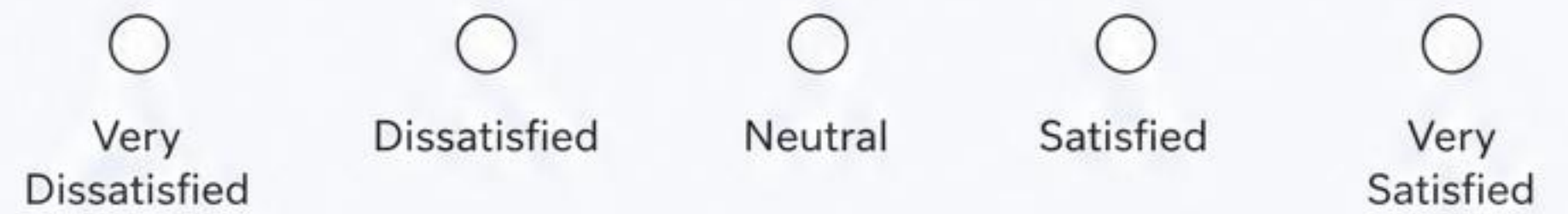
Service or Product Used:

2. OVERALL RATING

Please rate your overall experience:



Overall, how satisfied are you with our service / product?



2. DETAILED RATINGS

Please rate the following aspects of your experience (1 = Very Poor, 5 = Excellent)

Aspect	1 Very Poor	2 Poor	3 Average	4 Good	5 Excellent
Quality of Product / Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value for Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness / Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. MULTIPLE CHOICE

Which of the following best describes your experience?

- Excellent – Exceeded my expectations
- Good – Met my expectations
- Average – Okay, but room for improvement
- Poor – Did not meet my expectations
- Very Poor – Far below my expectations

What was the primary reason for using our service / product?

- Quality
- Price
- Customer Service
- Recommendation
- Other (please specify): _____

5. YOUR FEEDBACK

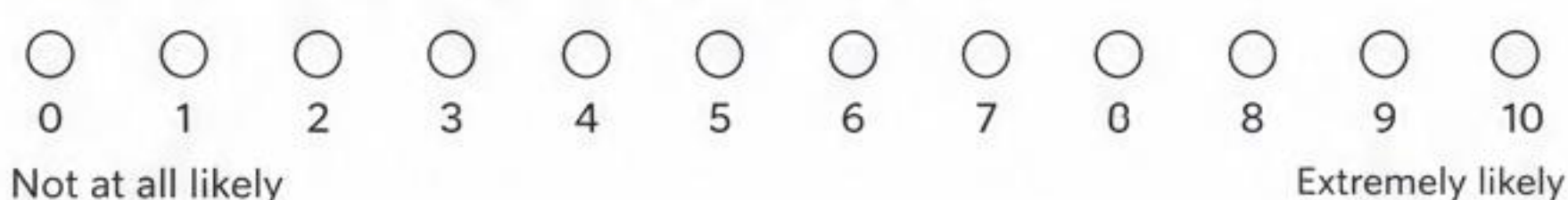
What went well?

What could be improved?

Any additional comments or suggestions?

6. RECOMMENDATION

How likely are you to recommend us to others?



7. PERMISSION TO BE CONTACTED

May we contact you to follow up on your feedback?

- Yes, you may contact me.
- No, thank you.

Preferred contact method: Email Phone Either

Signature:

Date:

Thank you for your valuable feedback!
Your input helps us improve and serve you better.