

ORDER # _____

ORDER FORM

RE-ORDER

NEW ACCOUNT

S O L D T O	

S H I P T O	

ORDER DATE	CUSTOMER P.O. #	PHONE	INSTRUCTIONS / NOTES
BUYER'S NAME		TERMS	
SHIP VIA	CANCEL DATE <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SHIP NOW <input type="checkbox"/> SHIP AFTER _____	

	QUANTITY ORDERED	STOCK NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

THIS ORDER SUBJECT TO APPROVAL.

TOTAL

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