

ORDER FORM

Date ___/___/___

Customer Number _____

Order Number _____

Your Ref.No. _____

SOLD TO:

SHIP TO:

City State Zip Attention: Tel.

City State Zip Attention: Tel.

FOB Point:

Ship Date:

Backorders ()no ()yes

Routing:

Quant Item Description Quant Quant Unit Order'd : No. : : Ship'd : Bckord'd : Price : Cost

Back orders will be shipped on or before ___/___/___

Sub-Total _____

Sales Tax _____

PAYMENT TERMS: ()CASH

()COD Freight _____

()OPEN ACCOUNT, Net 30

()CHARGE MC/ V/ AE

other _____

Acct.No. _____

Expir.Date: ___/___/___

TOTAL DUE _____

Author.Sig. _____