

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 TOTAL

other _____ DUE _____

Acct.No. _____ -----
Expir.Date: __/__/__
Author.Sig. _____