

ORDER FORM



CUSTOMER ID: _____

SALES REP	ORDERED BY	PO NUMBER	ORDER DATE
SHIP VIA	TERMS / CREDIT APPROVAL		

Bill To: _____

Ship To: _____

Phone: _____

Fax: _____

Email: _____

Qty	Item	Description	Unit Price	Total
Subtotal:				
Sales Tax:				
Freight:				
Total:				