



# ORDER FORM

BUSINESS NAME:					PHONE#:						
ADDRESS:				CITY:			STATE:		ZIP:		
SALES PERSON:		CASH		CREDIT CARD		NET:		RETURN:		PAID IN FULL:	
WHOLESALE:		TERMS:			PLACEMENT:			EMAIL:			

#	QUANTITY		DESCRIPTION	PRICES	TOTAL
	BOXES	ITEMS			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
<b>TOTAL</b>					

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE