



# Order Form

PO Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Sold To:**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Ship To:**

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Payment Method:**

C.O.D.  Visa  Mastercard  American Express

Credit Card #  Exp. Date

Qty	Item #	Description and Color	Unit Price	Shipping	Line Total

Sub Total	
Shipping (C.O.D. +\$7.50)	
Sales Tax	
<b>Total</b>	