

Date: / /

SALES ORDER FORM

A/c #: _____ (Current Customer) New Customer

P.O#: _____

Nature of Business : Beauty Food Govt Healthcare Educational Charitable Org
 Hospitality Janitorial Laundries Individual Others

Customer Information :

Company Name : _____
 Contact Name : _____
 Address 1 : _____
 Address 2 : _____
 City : _____
 State/Zip : _____
 Phone No. : () - Fax No. : () -
 E-mail : _____

<u>For Official use</u>	
(Do not fill anything)	
P.O.#	:
Posted	:
Released	:
Sales Rep#:	:
Sales Rep. :	:
Ship Via :	:

Sold To: Same as above **Ship To:** Same as Sold to

Company Name : _____	Company Name : _____
Contact Name : _____	Contact Name : _____
Address1 : _____	Address1 : _____
Address2 : _____	Address2 : _____
City : _____	City : _____
State / Zip : _____	State / Zip : _____
Phone : () -	Phone : () -
Fax : _____	Fax : _____
E-mail : _____	E-mail : _____

S.No:	Model #	Color	Description	Qty.	Unit	Unit Price	Total Price
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Subtotal :	
Shipping :	
Sales tax :	
Grand total :	

Method of Payment (Please Check One)

My Check is enclosed Bill my open account Credit Card E-Check

Card Type : Visa Master Card Discover Amex Paypal

Credit Card# :

Exp.Date : ____ / ____ / ____ (mm/dd/yyyy) Security Code : ____ (3 digit code at the back of your card) (4 digits for Amex card)

Name as in Card : _____

Billing Address : _____

Phone : _____

Signature : _____ Date : ____ / ____ / ____