

# ORDER SLIP

|                |
|----------------|
| Messrs:        |
| Company Name   |
| Street Address |
| City, Zip code |
| Phone :        |
| Fax :          |

|                        |
|------------------------|
| Ship To:(If Different) |
| Company Name           |
| Street Address         |
| City, Zip code         |
| Phone :                |
| Fax :                  |

## Company Name

|               |  |
|---------------|--|
| Date:         |  |
| PO # :        |  |
| Customer ID:  |  |
| Delivery:     |  |
| Payment Term: |  |

| Description | Size | Quantity | Unit Price | Amount | Note |
|-------------|------|----------|------------|--------|------|
|             |      |          |            |        |      |

|                                |
|--------------------------------|
| Special Notes and Instructions |
|                                |

|               |  |
|---------------|--|
| Sub Total     |  |
| Tax Rate      |  |
| Tax           |  |
| Shipping Cost |  |
| Total Amount  |  |