

COMPANY NAME

ORDER SLIP

<INSERT YOUR COMPANY LOGO>

MESSRS:

NAME
COMPANY NAME
STREET ADDRESS
CITY ZIP CODE
PHONE :
FAX :

DATE:	
PO #:	
CUSTOMER ID:	
DELIVERY:	
PAYMENT TERM:	

SHIP TO: (IF DIFFERENT)

NAME
COMPANY NAME
STREET ADDRESS
CITY ZIP CODE
PHONE :
FAX :

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

SPECIAL NOTES AND INSTRUCTIONS

SUB TOTAL

TAX RATE

TAX

SHIPPING

TOTAL AMOUNT