



DATE _____

ORDER NO. _____

VENDOR:

SHIP TO:

CONTACT NAME _____

NAME/DEPT _____

CLIENT COMPANY NAME _____

CLIENT COMPANY NAME _____

ADDRESS _____

ADDRESS _____

PHONE

PHONE

SHIP VIA	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

REMARKS/NOTES

SUBTOTAL _____

DISCOUNT

SUBTOTAL LESS DISCOUNT

TAX RATE

TOTAL TAX

SHIPPING/HANDLING

TOTAL

SIGNATURE