CUSTOMER ORDER FORM

DATE:	TIME:	P/O #:	REP:	CONTACT NAME:

CUSTOMER NAME:				
ADDRESS:				
PH:	FAX:	EMAIL:	NEW A/C: YES / NO	ON HOLD: YES / NO

DELIVERY INSTRUCTIONS

ORDER PHONED IN BY SALES REP: YES / NO
ORDER PHONED IN BY CUST YES / NO
ORDER EMAILED YES / NO
CUST ORDERED IN SHOWROOM YES / NO

QTY	ITEM SIZE	DESCRIPTION	CODE	SPECIAL PRICE?	PICKED	
					S	F

NO ITEMS: ____ PICKED BY: _____ Factory _____ Showroom