

ORDER FORM

Order Date	Ship Date	Discount	Program	Rep #	Terms	PO #	Account #

New Customer Current Customer

Bill To:		Ship To:
Phone:		Contact:
Fax:		

Model #	Description	Quantity							Color	Price	Extension
		S	M	L	XL	XX	XXX	Univ			

Special Instructions _____



PAYMENT METHOD

Open Account

Check enclosed for \$ _____

COD

Credit Card

Card Holder's Name _____

Account Number _____

Expiration Date _____

Sec Code _____

SHIPPING METHOD

UPS Ground

UPS

DHL

Truck

USPS

FedEx

Other

Delivery Date: _____

PACKAGE TYPE

Bulk

Box

Retail

Notes: _____
