

Sales Order

	ORDER #	
	Date	
	Department	

	SOLD TO:		SHIP TO:
Name:		Name:	
Address:		Address:	
Phone/Fax:		Phone/Fax:	

Our Tax Registration Number	Salesperson	Shipping Date	Ship VIA	F.O.B	Point	Terms

Quantity	Item #	Description	Unit Price	Total

<input checked="" type="checkbox"/>	Method of Payment:		
	Charge Card		Subtotal
	Money Order	Credit Card #: _____	SalesTax
	COD	Expiration Date: _____	
	Cash	Name on Card: _____	Shipping
	Acct. FWD	Check Paid to: _____	
	Check		TOTAL \$

Date:	Customer's Signature
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