



DATE \_\_\_\_\_

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**P. O. #**

**ACCT. #**

SOLD TO				SHIP TO			
NAME				NAME			
ADDRESS				ADDRESS			
CITY STATE ZIP				CITY STATE ZIP			
ORDER WRITTEN BY: <input type="checkbox"/> CUSTOMER <input type="checkbox"/> SALES REP		<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> REORDER		BILL MY: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>		BILL TO STREET # AND ZIP CODE	
CUSTOMER/BUYER NAME		PHONE		CREDIT CARD #		EXPIRATION DATE	
CUSTOMER/BUYER E-MAIL		SALES REP. NAME OR ID NUMBER (Please Print)		NAME ON CREDIT CARD (Please Print)		CVV2 CODE	
<b>SPECIAL INSTRUCTIONS</b>				Minimum Order: \$150.00 F.O.B.: Factory – Santa Ana, CA 92704-3908 Payment: Net 30 days on approved credit (sorry, no C.O.D.s). Claims: Shortages or damages need to be reported within 5 days after receipt of merchandise. Returns: With written authorization only. Restocking Fee: 20% plus freight both ways. Backorders: Under \$50 will be cancelled. Prices: Subject to change without notice.			
<input type="checkbox"/> SUBSTITUTIONS NOT ACCEPTED <input type="checkbox"/> BACK ORDERS NOT ACCEPTED							
SHIP DATE		MUST ARRIVE BY		CANCEL DATE			
TERMS							

STYLE #	QUANTITY	PRODUCT DESCRIPTION	UNIT PRICE	TOTAL PRICE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
<b>GRAND TOTAL</b>			<b>\$</b>	