

# ORDER FORM

Please leave orange sections blank



ORDER NUMBER:

ORDER DATE:

CUSTOMER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ITEM#	DESCRIPTION	Q.TY	UNIT PRICE	TOTAL PRICE

SHIPPING METHOD _____	SUBTOTAL _____
SHIPPING COMPANY _____	DISCOUNT _____
TRACKING N. _____	TAXES (7%) _____
SHIPPING DATE _____	SHIPPING : \$10 _____
ARRIVAL DATE _____	TOTAL _____

NOTES