



**Order Form**  
**(704) 987-2240 (Fax) or (704) 987-2238 (Phone)**

**Company or Organization Name** \_\_\_\_\_

**Today's Date** \_\_\_\_\_ **Order Taken By (Name)** \_\_\_\_\_

**Billing Information**

**Shipping Information**

Contact Name \_\_\_\_\_ Attention To \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

Street2 \_\_\_\_\_ Street2 \_\_\_\_\_

City and State \_\_\_\_\_ City and State \_\_\_\_\_

Zip Code / Postal Code \_\_\_\_\_ Zip Code / Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Country \_\_\_\_\_

**Shipping Options**

Overnight  2 Day  3 day  Ground Required By Date \_\_\_\_\_

**Method of Payment**

Purchase Order PO Number \_\_\_\_\_ P.O. Authorized Signature \_\_\_\_\_

Credit Card Card Type:  VISA  MasterCard  American Express

Card Number \_\_\_\_\_ Expiration Date MM/YY \_\_\_\_\_

Exact Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Products**

Quantity	ColorID Product #	Product Description	Unit Price	Extension
			<b>Total</b>	

**Office Use:** DS with \_\_\_\_\_ PO # \_\_\_\_\_ DS PO sent  date \_\_\_\_\_ DS PO received conf.   
 PO to cid invent with \_\_\_\_\_ PO # \_\_\_\_\_ PO sent  date \_\_\_\_\_ PO received conf.   
 cid invent sent  date \_\_\_\_\_ end-user received order   
 invoice sent  date \_\_\_\_\_ credit c auth  date \_\_\_\_\_ credit c post auth  date \_\_\_\_\_