

Please COPY this form for future orders

INSTRUCTIONS	DATE		
1. Fill in all Bill to and Ship to information.	PAGE	OF	

- **1.** Fill in all Bill to and Ship to information.
- 2. Complete one line for each item ordered and fully extend for item total. Add all lines for order total.
- 3. Fax or mail page(s) to factory, representative, or wholesaler.

В	ILL TO		new address			SHI	Р ТО	1	new address	; L	
Qualified wholesale distributors only							Leave blank if same as "bill to"				
F	Purchase or	der no.				Pur	chase order no.				
	Contact na	me				Co	ntact name				
	Comp	any					Company				
Ç	Street addre	ess				Str	eet address				
	(City					City				
	St	ate	Zip				State	Zip			
		one	Fax				Phone		Fax		
	Spe instruction	cial ons				i	Special instructions				
					ORDER						
		Item No.		Description		Qty.	List Price Eac	ch List Price Total	Mult.	Net Price Total	
	1	TCIII IVO.		Description		Qty.	LIST I NOC LOC	Elst Trice Total	Widit.	Net i lice lotal	
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										
	11										
	12										
	13										
	14										
	4.5										

Order Totals

www.siouxchief.com

Signature / Date

