

Please COPY this form for future orders

### INSTRUCTIONS

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.

DATE		
PAGE	OF	

### BILL TO

new address

#### Qualified wholesale distributors only

Purchase order no.		
Contact name		
Company		
Street address		
City		
State	Zip	
Phone	Fax	
Special instructions		

### SHIP TO

new address

#### Leave blank if same as "bill to"

Purchase order no.		
Contact name		
Company		
Street address		
City		
State	Zip	
Phone	Fax	
Special instructions		

### ORDER

	Item No.	Description	Qty.	List Price Each	List Price Total	Mult.	Net Price Total
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
Signature / Date			Order Totals				

