



Sales Order Form

Customer Number: _____
Sales Order Number: _____

Order Information

Order Date: _____	Terms: _____
Taken By: _____	Shipping Method: _____
Ordered By: _____	Ship Date: _____
PO Number: _____	Credit Approval: _____

BILL TO:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone Number: _____

SHIP TO:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Quantity	Item Number	Description	Unit Price	Total