

# ORDER FORM

# UPS

SOLD TO:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Tele.:** \_\_\_\_\_

Date:	_____	Charges:	_____
Invoice #:	_____	Weight:	_____

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

ORDER #	DATE	ACCOUNT NUMBER	NEW	EXISTING	TERMS	SHIP	
OWNER'S NAME			SALES REP		SHIP DATE	CAN. DATE	B / O

#	DOZ ORD.	STOCK NUMBER	DESCRIPTION	DOZ ORD.	STOCK NUMBER	DESCRIPTION
1				26		
2				27		
3				28		
4				29		
5				30		
6				31		
7				32		
8				33		
9				34		
10				35		
11				36		
12				37		
13				38		
14				39		
15				40		
16				41		
17				42		
18				43		
19				44		
20				45		
21				46		
22				47		
23				48		
24				49		
25				50		