MDSWearhouse

ORDER FORM

NEW CUSTOMER GET TAX ID #

OFFICE USE ONLY
ORDERS STATUS
PROCESSED BY
CONTROL #

DATE		CUST #		DATE		TAX ID	
BILL TO				BRANCH			
ADDRESS				ADDRESS			
CITY		ST.	ZIP	CITY		ST.	ZIP
BUYERS NAME:				BUYERS NAME			
TEL:		FAX:		TEL:		FAX:	
EMAIL:				EMAIL:		AS#	

CUSTOMER PO#	SHIP DATE	CANCEL DATE	PARTIAL SHIP		SALESPERSON
			YES	NO	

SHIP VIA	F.O.B.	CUST SHIPPING ACCOUNT #	TERM				
						CREDIT CARD	COD

STYLE #	COLOR	DESCRIPTION/NAME	S	M	L	XL	2XL	3XL	4XL	5XL	UNIT PRICE	TOTAL AMOUNT
										TOTAL ORDER:		

SPECIAL INSTRUCTIONS

AUTHORIZED SIGNATURE

SHIP TO:			
ADDRESS			
CITY		ST.	ZIP
Attn:			
TEL:		FAX:	

CREDIT CARD: NAME ON CARD: _____

CREDIT CARD # _____ V# CODE _____

EXP DATE: _____

BILLING ADDRESS _____