

000001

COMPANY NAME

ADDRESS
ADDRESS
ADDRESS

DELIVERY DATE								<input type="checkbox"/> AM
								<input type="checkbox"/> PM
S	M	T	W	T	F	S		
SALESPERSON								
ORDER DATE								

CHARGE TO	<input type="checkbox"/> CASH
	<input type="checkbox"/> DEBIT
	<input type="checkbox"/> CHARGE
	<input type="checkbox"/> OTHER

PHONE (BUSINESS)	PHONE (HOME)
------------------	--------------

CREDIT CARD NO.	EXPIRY DATE
-----------------	-------------

WIRE <input type="checkbox"/> IN <input type="checkbox"/> OUT	ASSOCIATION	CODE NUMBER	FLORIDA	AUTHORIZATION #
---	-------------	-------------	---------	-----------------

ADDRESS	PHONE
---------	-------

DESCRIPTION	DELIVERY CHARGE
	PHONE & SERVICE CHARGE
	SUBTOTAL
	G.S.T./H.S.T.
	PST
	TOTAL

CARD MESSAGE

QC 96-14

DELIVER TO

COMPANY NAME

ADDRESS
ADDRESS