

STANDARD ORDER FORM

Please Complete:

Date: _____

Order # _____

Charge to: _____

SHIP TO:

NAME: _____

ADDRESS: _____

All merchandise shipped FOB our Distribution Center or shipping point indicated in our price lists via parcel post, USP or truck unless you wish shipment to go via (please indicate):

- 1st Class
 Air Mail
 FedEx
 DHL
 US Priority Mail
 Other _____

Date of Activity: _____

Deliver no later than: _____

Catalog #	Size Color	Quantity	Item Name or Description	Cost	Extended Cost
TOTAL SALE					