

Customer Number 01- _____

Purchase Order No _____

Customer Name _____

Telephone _____ Fax _____

Contact Name _____

Order Date (mm/dd/yy) ____/____/____

Customer Email _____

Ship Date (mm/dd/yy) ____/____/____

Address (billing) _____

Address (shipping) _____

Payment Terms

Credit Card Information

Mastercard Visa

Back Orders

Net 30 Days

Card No _____ Exp _____

Yes No

Credit Card Prepay

Cardholder's Name _____

New Titles

Special Instructions _____

_____ New Orders: \$150 wholesale, Re-order Minimum: 16 items, 2 units per item

ITEM NO	QTY	DESCRIPTION	RETAIL COST	EXT PRICE
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____
_____	x	_____	\$ _____	\$ _____

subtotal \$ _____

