Your Company Name Here

Order Form

Date: [Enter date]
Invoice # [No.]

To

[Customer Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[phone]
Customer ID [No.]

Ship To

[Customer Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[phone]
Customer ID [No.]

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
					Due on receipt	

Qty	Item #	Description	Unit Price	Discount	Total
			Total Discount		
				Subtotal	
				Sales Tax	
				Total	

Make all checks payable to [Your Company Name]

Thank you for your business!