

Customer detail order form



11415 Chimney Rock Rd. Suite 107 Houston, TX 77035

BILL TO:
Company Name _____
Attention Name _____
Address _____
City _____
State _____
Zip Code _____
Phone number _____
Quote# / PO# _____

SHIP TO: (if different than bill to)
Company Name _____
Attention Name _____
Address _____
City _____
State _____
Zip Code _____

For Questions on Orders:

Shipping Info:

Proof:(choose one)

Contact Name		In Hands Date		Fax	<input type="checkbox"/>
Phone		Ship Date		Email	<input type="checkbox"/>
Fax		Ship Method			
E-mail					

Qty	Item #	Description	Item color	Imprint Color/PMS #	Comments

Additional charges would include items such as set ups, running charges, packaging, etc.
Not all columns apply to all products - Please fill in only the columns that apply to the product you are ordering

ART INSTRUCTIONS

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ORDER COMMENTS

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