Sales Order Form

Customer Name _____Date _____ Phone _____

Address _____

City _____ State_____ ZIP _____

Ship to Address _____

City _____ State_____ ZIP _____

Special Instructions

_____

_____

_____

Item Number	Description	Quantity	Unit Price	Extended Price

Gross Total _____

Tax _____

Freight _____

Labor _____

Total Due _____

Order Taken by _____