



SALES ORDER

Account No: _____

Date: _____

Bill To:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Ship To:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-Mail: _____

Order Date	PO Number	Terms	Ship Date	Cancel Date
Ship Via		Salesman		

Style #	Description	Color	QUANTITY IN PIECES BY SIZE							Total Pieces	Unit Price	Total Price
			XS	S	M	L	XL	2XL	3XL			
				NB OSFA	6M 2	12M 3	18M 4	24M 5/6	7			
TOTAL												

SPECIAL INSTRUCTIONS: _____

BUYERS NAME: _____ BUYERS SIGNATURE: _____