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ORDER FORM

ORDER NUMBER:		ORDER DATE:	
SEASON:		REGION:	
BILL TO:		SHIP TO:	
ADDRESS:		ADDRESS:	
ATTN:		ATTN:	
TEL:		TEL:	
FAX:		FAX:	
E-MAIL:		E-MAIL:	

DELIVERY DATE REQUEST:			
TERMS OF PAYMENT:			
SHIPPING INSTRUCTIONS:	<input type="checkbox"/> SEA	<input type="checkbox"/> AIR	<input type="checkbox"/> COURIER
	<input type="checkbox"/> OTHER:		
	A/C #		

Please tick it or fill it if you have such request:

<input type="checkbox"/> Heavy garment wash	<input type="checkbox"/> Children's wear	<input type="checkbox"/> Quick Order
<input type="checkbox"/> Remarks: _____		

DESCRIPTION / CODE	LENGTH (CM/INCH)	COLOR	QTY. (PCS.)	PULLER/ CRAMPER	TEETH	TAPE	UNIT PRICE	EXTENDED PRICE

Remarks:		Subtotal:	
Special Packing Request		Tax:	
		Freight:	
Ordered By:		Total:	