



# Order Form

P.O. Number \_\_\_\_\_

P.O. Date \_\_\_\_\_

## Ordered By

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

## Deliver To

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Species	Width	Thickness	Quantity	Price	Amount
<b>Ship Via:</b> <input type="checkbox"/> Ground <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> Other			<b>Total</b>		
Comments <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
			Shipping Charge		
			<b>Grand Total</b>		

\_\_\_\_\_  
Authorized By