

CUSTOMER INFORMATION

CUSTOMER #:	<input type="text"/>	DATE:	<input type="text"/>
ORDERED BY:	<input type="text"/>	PHONE:	<input type="text"/>
PO#:	<input type="text"/>	FAX:	<input type="text"/>

BILL TO

NAME:

COMPANY:

ADDRESS:

City State Zip

SHIP TO (If different than Bill To)

NAME:

COMPANY:

ADDRESS:

City State Zip

ORDER INFORMATION

ITEM #	DESCRIPTION	SIZE	QUANTITY	ITEM PRICE	ITEM COST	CUSTOM ITEMS			TOTAL
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
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						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
						EMBROIDERY	TRIM	FLAG	
SPECIAL INSTRUCTIONS:					ORDER SUB-TOTAL:				
					TOTAL AMOUNT:				

PAYMENT INFORMATION (Payments made with a check require driver's license information)

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	CARD TYPE:	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AM. EXPRESS
<input type="text" value="CHECKS MADE PAYABLE TO CHEF WORKS"/>		CARD #:	<input type="text"/>		
DRIVE LIC. #:	<input type="text"/>	SECURITY:	<input type="text"/>	EXP. DATE:	<input type="text"/>
STATE:	<input type="text"/>	EXP. DATE:	<input type="text"/>	NAME:	<input type="text"/>

AUTHORIZED SIGNATURE: _____ DATE: _____