

Customer Order Form

CUSTOMER INF	ORMATION									
CUSTOMER #:				DATE:						
ORDERED BY:				PHONE:						
P0#:				FAX:						
BILL TO				SHIP TO (If different than Bill To)						
NAME:				NAME:						
COMPANY:				COMPANY:						
ADDRESS:	Street Address			ADDRESS:	Stre	et Address				
	City State Zip			City				State	Zip	
ORDER INFORM										
ITEM #	DESCRIPTION	SIZE	QUANTITY	ITEM PRICE	ITEM COST		CUSTOM ITEMS		TOTAL	
II LIVI #	DESCRIPTION	3121	QUANTITI	TILIWITHIOL	TILIVI GOST	EMBROIDERY	TRIM	FLAG	TOTAL	
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SPECIAL INSTRUCTI	IONS:		ORDER SUB-TO	TAL:						
			TOTAL AMOU	NT:						
PAYMENT INFO	RMATION (Payments made	with a check require dri	ver's license inform	ation)		NET 30	PE	ENDING CREDI	T APPLICATION	
CHECK MONEY ORDER			CARD TYPE	CARD TYPE: MASTERCARD			VISA AM. EXPRESS			
CHECKS MADE PAYABLE TO CHEF WORKS				CARD #:						
DRIVE LIC. #:				SECURITY:	SECURITY:			EXP. DATE:		
STATE:		EXP. DATE:		NAME:						
AUTHORIZED SIGN				DATE:	DATE:					