

CUSTOMER ORDER FORM

email to: distributor@incomdirect.com

NO. OF PAGES SENT

DATE

/ /

MO. DAY YEAR

BILLING INFORMATION:

BILL TO: _____

COMPANY: _____

DIV./DEPT.: _____

ADDRESS: _____

CITY: _____

STATE/PROV.: _____ ZIP/POSTAL: _____

ORDERED BY: _____

CUSTOMER P.O. #: _____

SHIPPING INFORMATION:

SHIP TO/ATTN.: _____

COMPANY: _____

DIV./DEPT.: _____

ADDRESS: _____

CITY: _____

STATE/PROV.: _____ ZIP/POSTAL: _____

TELEPHONE: _____

FAX: _____

ITEM NO.	DESCRIPTION (INCLUDE COLOUR AND SIZE)	QUANTITY	UNIT PRICE	TOTAL PRICE

SUBTOTAL	
TAX	
GRAND TOTAL	

PAYMENT METHODS

OPEN ACCOUNT CUSTOMER ACCOUNT NO.: _____

  

If ordering by credit card, please provide us with the name of card holder as it appears on card:

NAME: _____

TELEPHONE: _____ FAX: _____

CREDIT CARD:

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EXP.:

--	--	--

SIGNATURE: _____

SHIP VIA

- PRE-PAID & CHARGE (freight added to invoice) PICK UP
 UPS COLLECT FEDEX COLLECT PUROLATOR COLLECT
 ACCOUNT NO.: _____
 OTHER: _____ (COLLECT)

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