

SALES ORDER

This section will be filled out by Texmate.

Sales Person _____

Date ____ / ____ / ____

Sales Order # _____

iSales Entered: _____
Date

Contact Verified

Customer # _____ NEW

Company _____

Bill To _____

Ship To _____

P.O. # _____ Do not ship early

Buyer _____ Ship by : _____

e-mail _____

Phone _____ Fax _____

Technical contact: _____ Phone _____

e-mail _____

UPS: 1(R) 2(B) 3(O) GND (B)

FEDEX: 1day 2day 3day Ground

FREIGHT: Prepaid Collect

Acc. # _____

CA Taxable: No Yes _____%

Terms: VISA Master Amex

CC# _____

Name on card _____

Exp. Dt. ____ / ____ **Code:** _____

Please note Credit Card payment carries a 3% fee.

How did you hear about Texmate? _____

Which industry are you in? _____

Item	Qty.	Texmate Part#	Additional Description	Unit Price	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					