

Date: _____



680 Eighth Street, Suite 255
 San Francisco, CA 94103
 Phone: 415.241.6922
 Fax: 415.241.6992
 Email: pashowroom@msn.com

**EMAIL
 ONLY**

Manufacturer: _____	Sales Rep: _____
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Bill To: _____ _____ _____ _____	Ship To: / <input type="checkbox"/> Same as Bill To _____ _____ _____ _____
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Buyer: _____	Ship Date: _____	Cancel Date: _____	Terms: _____	Back Orders: <input type="checkbox"/> Ship <input type="checkbox"/> Cancel
Buyer's Phone: _____	Buyer's Fax: _____	Purchase Order Number: _____		<input type="checkbox"/> New <input type="checkbox"/> Reorder <input type="checkbox"/> Credit Info Attached

Special Instructions: _____	Email: _____
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Quantity:	Item's Style Numbers:	Cost:	Extension:

For Credit Card Payment:	Cardholder Name: _____	Total: \$ _____
	Cardholder Phone: _____	

(For optimal security, we will call you for your card information.)

Office Use Only:
 E/D VAL/EAS M/D/G CAL FALL XMAS
 Order Taken: Road Phone/Fax/Email Showroom Show

Buyer's Signature: _____
 (Type your name to represent your signature.)