Date: _____

PA paper alliance

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

FAX OR MAIL

Manufacturer:	Sales Rep:
Bill To: _____	Ship To: / ☐ Same as Bill To _____

Buyer:	Ship Date:	Cancel Date:	Terms:	Back Orders: ☐ Ship ☐ Cancel
Buyer's Phone:	Buyer's Fax :	Purchase Order Number:		☐ New ☐ Reorder ☐ Credit Info Attached
Special Instructions:		Email:		

Quantity:	Item's Style Numbers:	Cost:	Extension:
			0.00
			0.00
			0.00
			0.00
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			0.00
			0.00

For Credit Card Payment: VISA / MasterCard #: _____ Total: $ 0.00

Expiration Date: _____

Office Use Only:

☐ E/D ☐ VAL/EAS ☐ M/D/G ☐ CAL ☐ FALL ☐ XMAS

Order Taken: ☐ Road ☐ Phone/Fax/Email ☐ Showroom ☐ Show

Buyer's Signature: _____