

Date: _____



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: / <input type="checkbox"/> Same as Bill To _____ _____ _____		
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: _____		

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

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