



# SALES ORDER

Date: \_\_\_\_\_

ORDER # \_\_\_\_\_

Sales Rep: _____	Branch: _____
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Cust #: _____	Ship to: _____
Cust Name: _____	Contact: _____
Address: _____	Address: _____
_____	_____
_____	_____
Contact: _____	Telephone: _____
Telephone: _____	Fax: _____

PO #: _____	Ship Date: _____
Freight Carrier: _____	

Part #	Description	Qty	UOM	Unit Price	Total
				<b>SUBTOTAL:</b>	

\*\*Tax if applicable, will be added to invoice.

\*\*Delivery not included unless otherwise specified.