

415.924.8666

toni@gardenandgift.com



Fax 415.924.8038

Customer P.O.# _____

Manufacturer _____

Representative _____ Page _____ of _____

Phone _____

Bill To _____

Street _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____

Buyer _____

Ship To _____

Street _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Attn _____

Market Type _____

Order Date _____	<input type="checkbox"/> New Account	SHIP VIA	FOB	TERMS	<input type="checkbox"/> CC Type _____
Ship Date _____	<input type="checkbox"/> Reorder	<input type="checkbox"/> UPS	<input type="checkbox"/> No Back Orders	<input type="checkbox"/> NET 30	# _____
Cancel Date _____	<input type="checkbox"/> Ref. Attached	<input type="checkbox"/> OT	<input type="checkbox"/> Partial Ship OK	<input type="checkbox"/> COD	Expiration _____ CVV _____
		<input type="checkbox"/> BEST			

LINE	QUANTITY	STYLE NUMBER	PRODUCT DESCRIPTION	UNIT PRICE	EXTENSION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

NOTES	SUBTOTAL		
	TOTAL		

SIGNATURE _____