

SALES ORDER



COMPANY NAME

STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

SALES ORDER NO.

CUSTOMER NO.

BILL TO:

SHIP TO:

SHIP VIA		F.O.B.		TERMS		SALES PERSON	
ORDER DATE	ORDERED BY	CUSTOMER PHONE NUMBER		P.O. #	RESALE #		
ORDER QUANTITY	BACK ORDER QUANTITY	TAX	ITEM NUMBER ITEM DESCRIPTION			UNIT PRICE	EXTENDED PRICE

PRINT DATE
PRINT TIME
PAGE #

AMOUNT SHIPPED
AMOUNT B.O.

SUBTOTAL
FREIGHT
SALESTAX
TOTAL