

# Sales Order Form

Customer Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Ship to Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Special Instructions

\_\_\_\_\_

\_\_\_\_\_

Item Number	Description	Quantity	Unit Price	Extended Price
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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			Gross Total	_____
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			Tax	_____
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			Shipping	_____
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			Labor	_____
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			Total Due	_____
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Order Taken by \_\_\_\_\_