

# Order Form

Order Number ..... Date .....

## Shipping Address

Name  
 .....

Company Name  
 .....

Address  
 .....

City Postal / Zip Code  
 .....

State (optional) Country  
 .....

Phone  
 .....

## Billing Address (if differing)

Name  
 .....

Company Name  
 .....

Address  
 .....

City Postal / Zip Code  
 .....

State (optional) Country  
 .....

Phone  
 .....

Item-Number	Description	Quantity	Unit Price	Amount
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Subtotal: .....

Tax: .....

Freight Cost: .....

**Total Amount:** .....

Date, Place

Signature

.....