

RETAILER FAX ORDER FORM- ATTENTION: SALES DEPARTMENT

STORE NAME _____	CONTACT _____
ADDRESS _____	
PH# _____	FAX# _____
TERMS _____	

CUSTOMER CODE: _____ SLS# _____ / REP NAME _____

DATE: ____ / ____ / ____

QTY	CODE				%	QTY	CODE				%	QTY	CODE				%

QTY	CODE				%	QTY	CODE				%	COMMENTS/ REMARKS