WORK ORDER

DATE	CUSTOMER NUMBER	SALESPERSON	ORDER NUMBER

SHIP DATE	DUE	SHIP VIA	FOB	TERMS

Sold To _____

Address _____

City _____

State, Zip _____

PHONE No _____

Shipped To _____

Address _____

City _____

State, Zip _____

PHONE No _____

QTY	Parcel Code	Shipped	Back Ordered	Description	Amount	Total

_____

CUSTOMER'S SIGNATURE