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marina

TEXTILES INC.



Order Form

DATE: 2006-11-30

AGENT: _____
WRITER: _____
PAGE: 1 of 1

CUSTOMER ACCT # (if applicable):	
BILL TO:	

SHIP TO:	
0	
0	

BUYER NAME & CONTACT NUMBER:		
P.O. #:		
SHIP DATE:	2006-11-30	CXLN:
TERMS:		

NOTES:		
PREFERRED CARRIER:	ACCT.#	TEL. #

QUANTITY	U/M	STYLE #	SIZE	DESCRIPTION	UNIT PRICE	DO NOT USE
						\$ -
						\$ -
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						\$ -
						\$ -
ORDER VALUE						\$ -

* GST, PST, Shipping & Handling extra

DO NOT USE (for Office use only)	
ADDITIONAL COMMENTS:	D.O. Date:
	D.O # :