

## Sales Order

BILL TO:  Company Name:  Contact:  Address:				Contact:			
City:Sta Phone:Fa Email:		_ Fax:		Phone:		Fax:	
Item Number	Qty		Descri	ption		Price per item	Total price
							r.
Ship Via UPS (Che ☐ Ground ☐ Second Day ☐ Next Day	eck one):	□ Vi: □ Ma □ Ar	Pay with Credit Card:  Visa  MasterCard  American Express  Discover  Name on C/Card:  C/Card No.  Expiration Date:		Order Sub-total  Tax of 7% will be added to all Florida Orders Must fax "Resale Certificate" if tax exempt  Shipping Charge		\$ \$
Cannot ship to Post Offic Spray products can only Shipping costs to be det	ship via Groun	Name C/Ca			Total Charge to C  V-Code (3 digits on	\$	