CHOICE FABRICS
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ORDER FORM

Date: _____

BILL TO: Customer # _____

Customer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SHIP TO: Same as Bill To ☐

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Store Contact: _____ Customer PO: _____

Phone: _____ Fax: _____

Sales Person: _____

Sales Order # _____

Campaign # _____

Terms: Net 30 _____ COD _____

Credit Card: M/C VISA DISCOVER AMEX

Name on Card _____

Number _____

Expiration: _____ Security _____

Special Instructions: _____

_____

_____

Special Shipping Instructions:
UPS/FedEx Collect ☐ Account Number: _____

OTHER: _____

Collection	Quantity	Item Number	Reg Price	Spec Price or Discount