

# CUSTOMER ORDER FORM

PHONE: 652-5523

FAX: 652-5169

FROM: \_\_\_\_\_

PURCHASE ORDER #: \_\_\_\_\_ ATTN: \_\_\_\_\_

CUST. / JOB NAME: \_\_\_\_\_ ORDERED BY: \_\_\_\_\_

ORDER DATE: \_\_\_\_\_ SENDER PHONE #: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_ SENDER FAX #: \_\_\_\_\_

MATERIAL / COLOR: \_\_\_\_\_ GAUGE: \_\_\_\_\_

<b>ITEM # : N/A</b>	<b>DESCRIPTION: CUSTOMER CHOICE</b>
<p>Linear Footage: _____ OR Quantity: _____</p> <p style="text-align: center;">Please draw your requested item. <b>BE SURE TO INCLUDE ALL MEASUREMENTS AND ANGLES.</b></p>	
<b>Notes:</b>	<b>Sold By:</b>