BY DESIGN accessories

ORDER FORM

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LINE: _____

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Page_____ of_____
☐ New Line
☐ Reorder
☐ New Customer for Rep
☐ Road
☐ Show
☐ Phone ☐ Fax
Backorder OK? ☐ Y ☐ N

SHIP TO:

_____
Customer
_____
Address
_____
_____
Phone
_____
Fax

BILL TO:

_____
Customer
_____
Address
_____
_____
Buyer
_____
Email

Date:	Desired Delivery Date:	Cancel Date:	Terms	Salesperson:

Special Instructions:

C.C. #
_____
name on card _____ EXP. _____

Qty:	Description:	Cost Each:	Total:
	Column Total		

Qty:	Description:	Cost Each:	Total:
	Column Total		

Authorized By: _____

Page Total: _____ **Total:** _____