



Date	Purchase Order No	Shipping Method	Previous Order No	Ship Date	In Hands Date

Use separate order worksheet for each item type.

For Distributor Reference Only

BILL TO:	
Acct.No.	Quote No.
Company Name:	
Contact:	
Address:	
City:	State/Zip:
Phone:	Fax:
E-mail:	

SHIP TO:	
Company Name:	
Attention:	
Address:	
City:	State/Zip:

ARTWORK INSTRUCTIONS:	
<p>Please specify color breakdowns for logos and copy.</p>	E-mailed Artwork? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please attach a copy of artwork. P.O. Number must appear on subject line.
	Font(s) Used: Please provide stock type style name(s) below: _____ _____

PRODUCT OPTIONS:	
	Description
Item Number	
Description	
Quantity	
Barrel Color	
Cap Color	
Point Style	
Ferrule Color	
Eraser Color	
Imprint Colors	
Foil Stamp	
Silk Screen	
	Unit Cost

ADDITIONAL CHARGES:	
	Cost
Screen Charge	
Color Match	
Spec/Proof Charge	
Faxed Proof Charge	
Die Charge	
Other Charges	
Additional Charges	

ORDER TOTAL:	
Total Product Cost	
Total Additional Charges	
Shipping/Freight	
TOTAL Order Cost:	