SALES ORDER

[Your Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Fax [000.000.0000]
[e-mail]

Ship To

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

To

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

Salesperson	Job	Shipping Method	Shipping Terms	Delivery Date	Payment Terms	Due Date
					Due on receipt	

Qty	Item #	Description	Unit Price	Discount	Line Total

Total Discount

Subtotal

Sales Tax

Total

Make all checks payable to [Your Company Name]

Thank you for your business!

YOUR LOGO HERE

[Your company slogan]