

# TELEPHONE SALE ORDER FORM

DATE \_\_\_\_\_ CUST# \_\_\_\_\_

FIRM NAME \_\_\_\_\_ ORDERED BY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER (     ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

METHOD OF PAYMENT		
<input type="checkbox"/> MASTER CARD _____	EXP _____	<input type="checkbox"/> COD
<input type="checkbox"/> VISA _____	EXP _____	<input type="checkbox"/> INVOICE
<input type="checkbox"/> AMER EX. _____	EXP _____	<input type="checkbox"/> OTHER

ORDER #	QTY.	DESCRIPTION	PRICE EACH	TOTAL

<p>SHIPPING _____</p> <p>CHECKED BY _____</p> <p>SHIPPED BY _____</p> <p>REMARKS _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">COD/HANDLING</td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">SUB TOTAL</td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">SALES TAX</td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">FREIGHT</td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">AIR CHARGES</td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="text-align: right;"><b>TOTAL</b></td><td style="border-bottom: 1px solid black;"> </td></tr> </table>	COD/HANDLING		SUB TOTAL		SALES TAX		FREIGHT		AIR CHARGES		<b>TOTAL</b>	
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