T.LITZEN SPORTS ORDER FORM

BILL TO:				SHIP TO:			
BUSIN.NAME				BUSIN.NAME			
ADDRESS				ADDRESS			
CITY/PROV		PC		CITY/PROV		PC	
TEL/FAX				TEL/FAX			
CUSTOMER #				CUSTOMER #			
		Order Taken By:					

Select one	Select One	Select One

SALES COMM	BUYER	PURCHASE ORDER #	DATE ORDERED	DATE REQUIRED

QTY:	Item #	Description	Unit Price	Total

Comments:

Shipping Method:		Shipping	
Select One	A restocking fee may be charged for cancelled or returned merchandise	Subtotal:	
		G.S.T	
Payment Method:	Card No.	Prov Sales Tax	
Select One		Total	
	Exp.		

Client Signature: