Jewel • Time

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DATE: _____ CUSTOMER #: _____

BILL TO: _____ NEW CUSTOMER ❑ EXISTING CUSTOMER ❑

ADDRESS: _____ SHIP TO: _____

CITY: _____ ADDRESS: _____

STATE: _____ ZIP: _____ CITY: _____

PHONE: _____ FAX: _____ STATE: _____ ZIP: _____

P.O.# PHONE: _____ FAX: _____

CONTACT PERSON: _____

PHONE: _____

EMAIL: _____

DESIRED SHIP DATE: _____ CANCEL DATE: _____

TERMS CREDIT CARD: ❑ VISA ❑ MC ❑ DISCOVER ❑ AMX

CARD #: _____

EXP. DATE: _____

NAME ON CARD: _____

QTY	ITEM #	SIZE	WOOD	METAL	PERSONALIZATION	PRICE	TOTAL
						SHIPPING	
						GRAND TOTAL	

White Copy - Jewel Time Yellow Copy - Customer