

PLEASE PHOTOCOPY THIS FORM AND USE IT FOR EACH ORDER

Custom Products Corporation
P.O. Box 54091 • Jackson, MS 39288-4091
FAX: 1-800-206-3444



CUSTOMER ID: _____
PHONE () _____

BILL TO: _____

SHIP TO: _____

FAX: _____

DATE	P.O. NUMBER	PLACED BY:	SHIP VIA

TERMS:
 VISA MASTER CARD NO. _____ EXP: ____ / ____ / ____
 C.O.D. CASH OR COMPANY CHECK
 NET 30 IF CREDIT HAS BEEN ESTABLISHED

QTY.	ITEM #	PG. #	DESCRIPTION	UNIT PRICE	TOTAL

USE THIS SPACE FOR DETAILED DRAWINGS OF HOLE, RADIUS, SPELLING, AND OTHER CRITICAL FACTORS OF YOUR CUSTOM ORDER.

TOTAL: _____

- O.K. to ship in stock items & back order remainder
- Do not ship and back order

CUSTOMER SIGNATURE