

SALES ORDER

AllPontiac

Custom High Performance Pontiac Parts

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Name	e				SHIP	TO:	Name		
Company NameStreet Address					_		Your Company		
					Street Address				
City,	City, State Zip Code				City, State Zip Code				
Phone					Phone				
				Customer					
	SALESPERSON JOB			SHIPPING METHOD			DELIVERY PAYMENT DATE TERMS DUE DA		DUE DATI
							Due on receipt		
	QTY	ITEM#		DESCRI	PTION		SIZE	UNIT PRICE	PRICE
		Credit Card:	Account #						
		V code							
		Expire							
		date							
		Address							
		Phone #							
		Notes:						CURTOTAL	
								SUBTOTAL	
								SALES TAX HANDLING FEE	
								SHIPPING/FREIGHT	
								TOTAL	