

Date: ____/____/____	Account # _____	P. O. No. : _____	Payment: C.C. <input type="checkbox"/> COD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/>
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SOLD TO: Customer: _____ Phone #: (_____) _____ - _____ Address: _____ Suite #: _____ City _____ St. _____ Zip. _____	SPECIAL INSTRUCTIONS: Elevator: Yes <input type="checkbox"/> No <input type="checkbox"/> Dock: Yes <input type="checkbox"/> No <input type="checkbox"/> Floor: _____ OTHER: _____
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DELIVER TO:	
Delivery Name: _____	Contact Name: _____ ROUTE # _____
Address: _____	Suite #: _____ Business Hours: From _____ To _____
City: _____	St. _____ Zip. _____ Del. Phone Number: (_____) _____ - _____

CODE	QUANTITY	DESCRIPTION	PRICE	BIN LOCATION

STORE NUMBER _____

Send to Deliveries@KellyPaper.com

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