



Sales Order Form

TEL: 800.338.8826

FAX: 800.810.3220 www.lotusblind.com

Is this from B/O: Yes No

Sales Order #	
Order Date	Invoice #
Date Required	Terms

Customer #: _____ Customer P.O.#: _____

Customer Name: _____

Ship To: _____

Ship: UPS Truck Pick Up Other

Sales Order Taken By: _____

ITEM	SIZE	COLOR	REMARKS/COMMENTS	MOUNT I/O	Quantity			Sales Price	
					Ordered	Shipped	B/O	Unit	Extended

	Date	Shipped VIA	<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	Shipper No.
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Warehouse: CA TN Container

_____ Approval _____ Date

Please photocopy and Fax