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marina

TEXTILES INC.

Order Form

DATE: 2006-11-30

AGENT:

WRITER:

PAGE: 1 of 1

CUSTOMER ACCT # (if applicable):

BILL TO:

BUYER NAME & CONTACT NUMBER:

P.O. #:

SHIP DATE: 2006-11-30 **CXLN:**

TERMS:

SHIP TO:

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NOTES:

PREFERRED CARRIER: **ACCT.#** **TEL. #**

QUANTITY	U/M	STYLE #	SIZE	DESCRIPTION	UNIT PRICE	DO NOT USE
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ORDER VALUE						\$ -

* GST, PST, Shipping & Handling extra

DO NOT USE (for Office use only)

ADDITIONAL COMMENTS:	D.O. Date:
	D.O. # :