

# Sales Order Form



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Wasco Rep:	Rep #:	Date:
Phone:	Fax:	
Sold/Bill To:	Ship To:	
Contact:	Email:	
Phone:	Fax:	Cell:
Shipper Call Required 24 Hours Before Delivery:	Yes	No (This will delay the delivery by at least one day)
New Customer	Yes	No
New Account Set-Up Form	Yes	No
Job Name:	Location:	
P.O. #:	Inquiry / Quote #:	

Quantity	Type of Unit / Description	Unit Price	Total
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Value of Order:			\$

Finish Requirement:

Tax Exempt:	Yes	No	Exempt Certificate Enclosed:	Yes	No
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Unit Price Breakdown:

Is There Overage:	Yes	No
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Commission Notes:

Release To Fabrication:	Yes	No	Hold Pending Approvals:	Yes	No	Projected Installation Month:
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Submittals Needed By:	Number of Sets:	Printed Drawings	E-Mail Drawings
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Email To:

Enclosed:

Special Notes: