EQUIPMENT ORDER FORM



Ordered By: _____

| Date: |
|-------|
|-------|

Focus or Commission

| | | | | Richardson, 1X / | 5081 Fax 972-231-7 | 931 www.eng | Jiishcolor.com | |
|-------------------|-------------|----------------|--------------|------------------|--------------------|-------------|----------------|--|
| Custome | r: | | | Acct # | | | | |
| Address: | | | | | | | | |
| City: | | | | State: | Zip | Zip: | | |
| Phone: | | | | Fax: | | | | |
| Sales Rep: | | | | PO # | PO # Store # | | | |
| | | | Ship t | o: | | | | |
| All fields ab | ove MUST | be filled out. | | | | | | |
| Page # | Mfg. | Qty | Part # | DESCRIPTION | | Cost | List | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Please | fill this t | form out | and fax it i | n to place an o | order from the CE | G Catalog | | |
| | | | | | Subtotal | \$ | | |
| FAX: 972-231-7931 | | | | | Tax | \$ | | |
| | | | | | Total Price | \$ | | |
| Special Inst | ructions: | | | | | | | |
| | | | | | | | | |
| Date Order | ed: | | | | Check One: | | | |