COPYGUARD

ORDER #

SALES ORDER FORM

Quantity	Unit	Product Code	Description	Unit Price	Total Amount

Ship Via: **UPS**_____ **FEDEX**_____

Overnight_____ **2d Day**_____

3d Day_____ **Ground**_____ **(UPS Only)**

Sub Total	
Freight	
(Fed EX) COD (7.50)	
TOTAL	

Bill To Acct #	**Ship To Acct #**
Company Name	**Company Name**
ATTN:	**ATTN:**
Address	**Address**
City State Zip Code	**City State Zip Code**
Phone #	**Phone #**
Purchaser's Name	**Purchase Order #**
Fax #	**Date**