Customer Order Form

Quantity	Part #	Description	Price/Each	Total Price

CustomerName:_____

Address:_____

City:_____ State:_____ ___ Zip:_____

Account Number: _____ Purchase Order # _____

Contact Tel. # _____ Email_____

____Visa _____Mastercard _____Amex

Account # _____

Exp. Date_____

Fax form to 952-392-2206 or email to sales@shopwareinc.net

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