Date:

ClassicTouch

Page:

Tel. 888-388-6824 Fax 718-305-5883

Bill To:	Ship to:
Company Name:	Company Name:
Address:	Address:
Contact: Phone:	Contact: Phone:

Terms: Net30: _____ Credit Card: _____ Exp. Date: _____

COD_____ ProForma_____ Authorized Signature: _____ _____

Ship Date:_____ Cancel Date: _____ PO#:_____

Quantity	Item Number	Description	Unit Price	Total Price

Notes:

(Please photocopy this for future use.)