Sales Order Form

CINZIA DESIGNS

Sales Person: _____ Account Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____ Purchasing Agent: _____

Taxable: _____ County (if taxable): _____ Resale #: _____

A/P Contact: _____ References: _____

Specify Items to Order

Style	+1.00	+1.25	+1.5	+1.75	+2.00	+2.25	+2.50	Price

Specialty Items

Description	Quantity	Price

Special Instructions: _____

_____

Please indicate your acceptance of this order by signing below.

_____

(Purchasing Agent Signature)