

Product Order Form

Rep:
Date:



customer approval: _____ date _____

Product Description

Purchaser:

name: _____

street address: _____

city, state zip: _____

Tel: _____ Cell: _____

Ship To Address(If Different):

name: _____

street address: _____

city, state zip: _____

Tel: _____ Cell: _____

\$ Amount

A. Size (If required): _____

see info sheet
on size selection

B. Additional Options (Woods, Color, Leathers, etc)

C Accessory (Ex. Footstool etc.)

D. Quantity

E. Additional Comments

Production Time:

Shipping :

Total: _____