



Slipper Hut & Co

Website: www.slipperhut.com
E-Mail: info@slipperhut.com

Sales Order No. _____

P. O. No. _____

Customer ID : _____

Bill To : _____

Company Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone# _____

Fax# _____

E-Mail: _____

<input type="checkbox"/> Reorder	<input type="checkbox"/> New Acct.	Rep: _____	Show: _____	Ship VIA: _____
Terms: <input type="checkbox"/> COD <input type="checkbox"/> Net 30 <input type="checkbox"/> Credit Card <input type="checkbox"/> Prepaid <input type="checkbox"/> _____				
Order Date: _____		Ship Date: _____		Cancel Date: _____

Ship To : _____ Residential Commercial

For shipping purpose please select above what best describes the below address

Company Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone# _____

Fax# _____

	Item No.	Color	Case/QTY	Description & Size-Run	Unit	Unit Price	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total Quantity						Freight	
Factor Reference No.			Factor Approved No.			Tax	
Special Instructions						Total	
(Internal use only)							

NO CANCELLATIONS AFTER 5 DAYS OF SUBMISSION OF ORDER. ALL PRICES SUBJECT TO CHANGE WITHOUT NOTICE. ALL ORDERS AND AGREEMENTS SUBJECT TO APPROVAL OF MANUFACTURER

Buyers Signature: _____