

PASSION OF QUALITY



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Email: info@myhospitalitysupplies.com

URL: www.myhospitalitysupplies.com

SHIP TO:

PROPERTY NAME _____

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ TITLE _____

() ()

AREA CODE/TELEPHONE NUMBER _____ AREA CODE/FAX NUMBER _____

BILL TO:

PROPERTY NAME _____

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON _____ TITLE _____

() ()

AREA CODE/TELEPHONE NUMBER _____ AREA CODE/FAX NUMBER _____

DATE	SHIP VIA	F.O.B. ORIGIN	TERMS
CUSTOMER/PURCHASE ORDER NO.		ORDER DATE	SALESPERSON

SKU NUMBER	QUANTITY	P.O.#	DESCRIPTION	UNIT PRICE	EXTENDED PRICE

SUBTOTAL	
SHIPPING CHARGES QUOTED	
SALES TAX AT 4.00% If shipping in GA	
TOTAL AMOUNT DUE	

DID YOU VERIFY?

Size

Color

Quantity

Imprint

Ship To/Bill To

Payment Method

CREDIT CARD:

VISA MASTERCARD DISCOVER AMEX

EXPIRATION DATE: _____ / _____