

GINGER SNAPS APPAREL LADIES ORDER FORM

Customer ID #: _____ ORDER TYPE: NEW ORDER REORDER ADD ON By: _____ Order Date: _____

Organization: _____ Due Date: _____ Perf Date: _____ PO #: _____

Shipping Address: _____

Contact Person: _____
 Phone: _____ Fax #: _____
 Alt Phone: _____ Cell #: _____
 Email: _____

Shipping Info

New
 One Time

Contact Info

New
 One Time

Contact: _____
 Email: _____
 Phone: _____

Style #	Color	Description	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	Special	Total Pcs	Unit Price
			2XS	XS	← S	← M	← L	← XL	1X	2X	3X	4X	5X							

Comments: _____

Invoice Email: _____ PAYMENT: CHECK CREDIT CARD

Initial: ACT _____ Order ID: _____ Cut #: _____ Cut #: _____ PO #: _____ Invoiced: _____

SHIP: RED BLUE ORANGE GT PICK UP FREIGHT: _____ Page ___ of ___