PAPER SHARKS SALES ORDER FORM

Please fax to 805-684-4346
or email to papersharks@gmail.com

Customer Name _____ Date _____ Phone _____

Email (needed to confirm order) _____ Fax _____

Bill to Address _____

City _____ State _____ ZIP _____

Ship to Address _____

City _____ State _____ ZIP _____

P.O. No. _____ Ship Date _____ Paper Sharks ID No. _____
(leave blank if new)

Resale Tax No. _____

Special Instructions

_____

_____

_____

Item number	Description	Quantity	Unit Price	Extended Price

Total _____

All first orders are credit card or COD only

Credit card no. _____

Exp date _____ CVC code _____

All orders shipped UPS Ground unless otherwise specified

Item number	Description	Quantity	Unit Price	Extended Price

Total of this page ____________

Grand Total ____________