John Howard Company Order Form

Date: Numi	per of pages sent:												
1 Bill To:				4 New	accounts	only:							
Company			_	Are you a	division, s	subsidiary	y or affilia	ate of anoth	ner compa	any?			
Address					_			continue.)	·	,			
				_	_	_ '	•						
City													
				Huui ess _								_	
2 Ship To: (If different tha	an Bill To Address)											-
Company			_	City			;	State	Zip				
Address													
				5 Meth	od of Pa	yment:							
City	State	Zip	_		P.O. Numb	oer							
•				_									
3 Contact					Opening a	New Acc	count? Ple	ase fax a d	ompleted				
Title				John How	ard Compa	any Credi	t Applicat	ion, Dun &			Brac	lstreet	num
				and three	credit refe	erences.							
Email address:					_			1					
Company's Line of Duciness					Check			C.O.D.	Credit				
Company's Line of Business									ATTO				
						V	ISA"	Ma	sterCard				
Phone: ()		Г										_	7
Fax: ()													
Ship partial o.k.	Ship Complete	e Only			Signature	<u>, </u>	_ Ехр.	Date:	/_	/lonth	- Yea	nr	
John Howard Company Item Number	Quantity	Description				Un	Unit Price			Total Price			
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			+							+			\dashv
Telephone Orders				Total Merchandise Cost Shipping & Handling Charges: Actual Shipping Charges will be calculated and billed at time of									
909-590-7550				Snipping & Handling Charges: Actual Snipping Charges will be calculated and billed at time of shipment.									
Fav	Orders									\top			7
909-590-1346 Email Order orders@johnhowardcompany.com				Subtotal Customers in California should submit sales tax on their									
				merchandise total. Applicable county and city taxes also apply.									
								To	otal Amou	nt			
or across joininon	, ar acompany	.00111								1			