

BRM Worksheet/Order Form

INVOICE # _____

Acct _____ Caller _____

Email _____ Fax _____

Pickup (Date _____) | U.P.S. Ground | Truck: _____ (PP / PPA / COLLECT)

Acct Name: _____	
Bill To Address: _____	C / R
City _____	State _____ Zip _____
Ship To: _____ C / R	
Ship To Address: _____	
City _____	State _____ Zip _____

Terms: 5%-15 N-30 / Visa / MC / PP / COD / COD-CASH PO # _____

CC# _____ - _____ - _____ EXP: ____ / ____ VER: ____ / ____

Item	Size	Qty/Ft	Ex	Ch	WL	J
	X					
	X					
	X					
	X					
	X					
	X					
	X					

Special Request:

Discount Amount: