

John Lucas Sales

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New Customer Existing Customer

BILL TO:

SHIP TO:

BUYER: _____ P.O. NUMBER: _____ UPS GROUND
 PHONE: _____ ORDER DATE: _____ DROP-OFF
 FAX: _____ START SHIP: _____ PARCEL POST
 EMAIL: _____ CANCEL: _____ _____
 SALES REP: _____

Method of Payment:

NET 30 C.O.D. CASH C.O.D. CHECK VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____ EXP: _____ NAME: _____

NAMEDROP (PLEASE PRINT CLEARLY) AND ADDITIONAL COMMENTS:

STYLE #	STYLE NAME	COLOR	S	M	L	XL	XXL	QTY.	PRICE	TOTAL

Customer Signature _____ **TOTAL ORDER**