

New Customer
 Invoice Only
 Credit Memo

Customer #



Order Taken By: _____

ORDER FORM

| ORDER DATE | SALESPERSON | SOURCE | PURCHASE ORDER INFO / CREDIT CARD INFO | | | | BUYERS NAME | SHIPPING METHOD | SHIP DATE |
|------------|-------------|--------|---|--|--|--|-------------|-----------------|-----------|
| | | | <input type="checkbox"/> VERBAL P.O. # _____ <input type="checkbox"/> FAXED P.O. # _____ CREDIT CARD # _____ EXP. DATE _____ | | | | | | |

| QTY. | CODE# ART # | STRIP OR FRAME | FACE PLATE COLOR | # OF LINES TO BE ENGRAVED | # OF COLORS IN LOGO | CARRIER COLOR | TEXT WIDTH | TEXT LAYOUT | TEXT COLOR | BORDER COLOR | CARRIER MATERIAL | LOGO/DESCRIPTION | COST | EXTENSION |
|------|----------------|----------------------|-------------------------------|---------------------------------|---------------------------------|-----------------------------|--------------------|----------------|---------------|------------------------------------|------------------------------|------------------|------|-----------|
| | | S F | G S W <small>other</small> | 1 2 <small>other</small> | 0 1 2 3 <small>other</small> | G S <small>other</small> | 1/2" 3/4" 1" | | G S W | BLACK GOLD <small>other</small> | Steel Aluminum Plastic | | | |
| | | S F | G S W <small>other</small> | 1 2 <small>other</small> | 0 1 2 3 <small>other</small> | G S <small>other</small> | 1/2" 3/4" 1" | | G S W | BLACK GOLD <small>other</small> | Steel Aluminum Plastic | | | |
| | | S F | G S W <small>other</small> | 1 2 <small>other</small> | 0 1 2 3 <small>other</small> | G S <small>other</small> | 1/2" 3/4" 1" | | G S W | BLACK GOLD <small>other</small> | Steel Aluminum Plastic | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

SPECIAL COMMENTS: _____

| | |
|---|--|
| <input type="checkbox"/> NEW ADDRESS or INFORMATION HAS CHANGED BILL TO: _____ ATTN: _____ ADDRESS: _____ ADDRESS: _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____ PHONE: _____ FAX: _____ EMAIL : _____ | <input type="checkbox"/> SAME AS BILL TO SHIP TO: _____ ATTN: _____ ADDRESS: _____ ADDRESS: _____ CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____ PHONE: _____ FAX: _____ EMAIL : _____ |
|---|--|

| | |
|--------------|--|
| SUB TOTAL | |
| WI SALES TAX | |
| FREIGHT | |
| TOTAL | |

X _____
CUSTOMER SIGNATURE

The Cawley Company
1544 North Eighth St. P.O. Box 2110
Manitowoc, WI 54221-2110