

Walk In _____ Phone _____ Web _____		Order / Packing Sheet						
Sales Person:		Cus Name:		Order Date:	. 2017			
Store:				Phone Number:				
					PACKING			
					CHECKED BY			
#	Quantity	Product	Price	Ware-house	Pull	✓	✓	Mgr ✓
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
Shipping Name:				Special Instructions:				
Shipping Address								