

NAME: _____

ACCOUNT CODE: _____

ADDRESS: _____

PHONE: _____



FOR STAFF ONLY

DATE: _____

RECEIVED BY: _____

ORDER NUMBER: _____

LOGGED IN: Y N

CREDIT CARD#:	VISA	MASTER CARD	EXP.DATE
---------------	------	-------------	----------

	ITEM CODE	ITEM DESCRIPTION	CASE	EACH	SRP PRICE	SUBT
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						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

SUBTOTAL: _____ NC SALES TAX: _____ TOTAL DUE: _____

GROCERIES LESS 5%: _____ SPLIT CASE FEE: _____ DELIVERY DATE: _____

PRODUCE: _____ DELIVERY COST: _____ PAYMENT BY: CASH CHECK VISA MASTER CARD

CASES: _____

PAYMENT DUE IN 5 DAYS.

