Purchase Order #:

Ship To: _____

Address: _____

City, St, Zip: _____

Phone: _____

Fax: _____

229 N. Sherman Ave.
Corona, CA 92882
p. 877.AVID INK
f. 888.FAX AVID

Bill To: _____

Address: _____

City, St, Zip: _____

Phone: _____

Fax: _____

AVID Sales Rep: _____

Date Requested: _____

STYLE #	DESCRIPTION	FABRIC	CASE*	DOZEN*	INDIVIDUAL				Unit Price	Total
					S	M	L	XL		
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
									TOTAL	$0.00

Buyer's Signature: _____ Date: _____

*All "AV" body styles come prepackaged in a 1/2/2/1 size ratio.

When signed by the customer, this order form servers as a written authorization to produce and ship produce and becomes a legally binding contract once approved and accepted by A.V.I.D. Ink. Completed Order Form must be received to process order. Incorrect information will results in delay and/or charges.