FANNING SALES, INC.

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BRAND NAME:

BILL TO:	SHIP TO:	ORDER DATE:
Street:	Street	Customer #:
		P.O. #
City/State/Zip	City/State/Zip	Start Ship Date
Phone:	Phone:	In-house Cancel Date
Fax:	Fax	Ship Via:
Contact:	Contact	New Customer: Yes/No Back Order: Yes/No
Email:	Email:	Sales Rep

STYLE #	DESCRIPTION	XS 2 4	4½	S 4 5	5½	M 6 6	6½	L 8 7	7½	XL 10 8	8½	XXL 12 9	9½	3X 14 10	10½	4X 16 11	11½	5X 18 12	13		QUANTITY	PRICE	TOTAL

PLEASE NOTE: No price discounting on any items will be honored without prior written approval. All returns must be accompanied by a return authorization (RA) number. SHIPMENT OF ORDER: Means of shipping is at the discretion of manufacturer. Contact rep at submission of order for special needs. Customer agrees to be bound by the terms and conditions on the manufacturers pricing and information sheet. *Authorized Buyer Signature.* _____

TOTAL AMOUNT