



Customer Special Order Form

ORDER DATE:

ORDER TAKEN BY:

CUSTOMER NAME:

CUSTOMER PHONE #:

PAID OR NOT PAID

(circle)

If Paid staple copy of receipt to this paper

COMPANY	STYLE #	COLOR	SIZE	QTY	DATE RECEIVED

Item pick-up Information

Customers First Call:

Date :

Notes on Call:

Customers Second Call:

Date :

Notes on Call:

Customers Third Call:

Date :

PUT BACK

ITEMS GET PUT BACK TO STOCK- KEEP FOR REFERENCE