ROOFERS MART INC

On-Line Order

CUSTOMER NUMBER: _____
CUSTOMER NAME: _____
ADDRESS: _____
_____
_____

SHIP TO ADDRESS: _____
_____
_____
_____

P.O. NUMBER: _____
JOB NAME: _____
STORIES: _____
PITCH: _____

DELIVERY OR PICK-UP: _____
DELIVERY DATE: _____
ORDERED DATE: _____
CONTACT: _____
PHONE: _____

PAYMENT OPTIONS: _____

VISA MASTERCARD CASH CHECK

ID WILL BE REQUIRED FOR PURCHASES MADE BY VISA, M.C. OR CHECK, ORDERS MUST BE PAID IN FULL BEFORE DELIVERY DATE ALL CASH AND CREDIT CARD SALES ARE FINAL,***NO RETURNS***

DELV. INSTRUCTIONS: _____
_____
_____
_____

			OFFICE USE ONLY	
ITEM NUMBER	QUANTITY	DESCRIPTION	PRICE	TOTAL