Order Sheet

Client order form

Contact Rep. Name:	
Contact Rep. Phone:	
Vendor #:	
Company:	
Address:	
City:	
Province/State:	Postal/ZIP:

SHIP TO

Company:			
Address:			
City:			
Province/State:		Postal/ZIP:	

Order Date	Delivery Date	Cust. PO#

*Max OD is 30in

Cust. Part #	Film Type	Construction	Width	Unit	Gauge	Unit	Weight	Unit	Length	Unit	Treatment	Colour	OD	Unit	Core	Packaging

Special Instructions / Notes: