COQUETTE®

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Order Form

Date

BILL TO

COMPANY NAME ______________________

ADDRESS ______________________

____

____

TEL.# ______________________

FAX # ______________________

EMAIL ______________________

CONTACT NAME ______________________

SHIP TO

ADDRESS ______________________

____

CAN PST/US FED ID ______________________

BACK ORDER ☐ YES ☐ NO

SHIPPING START DATE ______________________

ORDER CANCEL DATE ______________________

P.O. # ______________________

SALESPERSON ______________________

QTY	STYLE	COLOUR	PK	OS	OS/XL	XS/S	S/M	M/L	L/XL	COST	TOTAL
				S	M	L	XL	1X/2X	3X/4X		
									TOTAL →		