Processed by: _____

Faxed by: _____

Date Faxed: _____

SALES ORDER CHANGE FORM

This form documents requested changes to a sales order. Please keep this form as the acknowledgement.

NAME: _____ DATE: _____

FAX #: _____ ORDER #: _____

CUST ACCT #: _____ CUST PO #: _____

BILL TO NAME: _____ PHONE #: _____

SHIP TO NAME (IF DIFFERENT): _____

CITY: _____ ST: _____ BEG SHIP DATE: _____

END SHIP DATE: _____

NOTES: _____

ITEM #	QTY	PRICE	EXTENSION	ADD	DELETE	CHANGE QTY (+ or -)
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			
			$0.00			

BEGINNING DOLLAR AMOUNT: _____

DOLLAR AMOUNT CHANGE: **$0.00**

C/S REP: _____ NEW ORDER AMOUNT: **$0.00**

SALES REP #: _____