ALLIED & SYSTEMS ORDERS

Customer Acct. #		Customer P.O. #			
Date:	Salesman:	Terms:	Quoted Delivery:	Contact:	Phone:

Bill To		Special Instructions	Credit Info		Source Info
Contact:			Open Account		Catalog Item p.
Business:			New Account		
Address:			**Internal Use**		**Below:** List Manufacturing source, phone number, contact and delivery quoted for each item number.
Ship To			Open Acct		
Contact:			Credit Limit		
Business:			Balanced Owed		
Address:			Credit Code		
			Date Checked		
			Copy to Credit		

Selling Price				Cost Details			
QTY	**Part Number / Description**	**Unit Price**	**Extension**	**Unit List Price**	**Disc.**	**Unit Cost**	**Cost Extension**

Shipping Information				Sub Total		TAX		Sub Total	
F.O.B. Points				Freight		Exempt Certificate		Freight	
Ship:	☐	Direct To Customer	☐ To KMH	Local Delivery		Taxable %		Local Delivery	
How ?		Collect Via:		Total				Total Cost	
		Prepaid		Tax		No Guessing Please		Estimated GP	
Charges:	☐	Actual	☐ Included	Items Ordered:	☐	Ship As Available	☐	Ship Complete	
		Amount Specified		*NOTE: SUBMIT COPY OF QUOTE & CUSTOMER PURCHASE ORDER WITH ORDER*					

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Southwest Ohio Dayton	**Central Ohio** Columbus	**Southern Ohio** Cincinnati	**Northwest Ohio** Toledo	**Central Kentucky** Lexington	**Western Michigan** Grand Rapids	**Greater Chicago** Elgin
Northern Indiana South Bend	**Central Indiana** Logansport	**Northeast Indiana** Fort Wayne	**Northwest Indiana** Schererville	**Middle Tennessee** Nashville	**Eastern Tennessee** Cookeville	**Northern Georgia** Atlanta