IMPRESS Order Form

COPY AND FAX YOUR ORDER

Invoice #

Mail to:			Customer Address:				Shipping Address:					
Impress Packaging 13097 Reflections Dr. Holland, Michigan 49424			Name				Name					
Phone: (616) 399-3575			Street				Street					
Fax: (616) 738-1626			City, State & Zip				City, State & Zip					
Email:		Packaging.com	Phone				Date ordered		Date needed by			
Web:	ssivePackagir		Ordered by				Date shipped	Customer PO#				
Droduct			ription, Style & Size Warehouse Color				Size	1/2	1 Case	1,000	5,000	GEN 9/04
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Volume discounts are not available by combining product numbers												
sound account are not available by combining product numbers								S	Sub Tot	al 🔄		
							Shipping & Handling					
GRAND TOTAL												
Payment Method: Terms: Net 20 days												
Charge To:												
VIS	A I	lasterCard,	Economic Country	is								

□ VISA □ MasterCard □ American Express © 2006, IMPRESS PACKAGING, INC.

Discover

Credit Card Billing Zip Code