IMPRESS Order Form

Mail to:

Customer Address:

COPY AND FAX YOUR ORDER

Shipping Address:

Impre: 2029 I	ss Packagii Lake Street	ng t	Name					Name								
Holland, Michigan 49424 Phone:																
	399-3575		Street				$\overline{}$	Street								
(616)	738-1626		City, State & Zip				-	City, Sta	ate & Zip							
Email: Sales@ImpressivePackaging.com		Phone Ordered by				+	Date ordered Date shipped				Date needed by Customer PO# GEN 9/04					
Web: ImpressivePackaging.com																
Quantity	Product Number	Descri	iption, Style &	Size	Warehouse Location	Color			Size		1/2 Case	1 Case to 999	1,000 to 4,999	5,000	Total	
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□ Charg		erms. Net 20 day														
VIS		MasterCard.	OUNTERIORS INCOMENS	edit Card Account Numb									Expiration	Date		
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