# ORDER FORM

**Territorial Supplies, Inc.**
PO Box 474
Council, ID 83612
208-253-0036
fax 208-253-0085
sales@territorialsupplies.com

**Date:** _____
**Purchase Order Number:** _____
**Ordered By:** _____
**Phone#:** _____
**Fax#:** _____

**Sold To:** _____

**Ship To:** _____

| Pg# | Item# | Quantity | Description | Color/ Make, Model, Year of Vehicle | Price | Ext. Price |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | **Grand Total** | |

**Tax (if applicable) and shipping charges will be added to your invoice.**

**As always, we accept phone, mail, fax, and e-mail orders.**

**If you are paying by credit card, please note that on here and we will contact you for the number and expiration date.**

**THANK YOU!**