www.jpandmattie.com

BILL TO:								SHIP TO:							
TEL:	EL: FAX:			;	SHIP VIA:		TERMS: NET 30 days If Credit Approved by			STAF	RT SH	IP:	COMPL. EX FACTORY:		
()	•	(<i>)</i>	-		FOB: L.A. Warehouse	e	HILLDUN Corp. (See Bottom of Page)			1			/	
STYLE#	COLOR	COLOR			DESC	ESCRIPTION			Р	s	M	L	TTL	PRICE	AMOUNT
Partial Shipments: NO - YES (2 Max.) (Pls.Circle Choice) - Customer agrees to a 10% non refundable deposit. Pls Initial:														: ←	
Minimum to Order: \$500 + 4 pcs per style per color Card Type: Name printed on C/C:								it Card #:						Exp. D	ate: /
Address where the c/c statements are mailed:								Sec. Code: (Pls Circle One Choice, then INITIAL it)							
FACTOR	t: Hilldun (212)	244-260) If Not	Approve	ed This C	order Will Be B	illed	through: <u>COD (</u>	,				•	•	itial:←
cancelled are the re	d after the P.O esponsibility of	. is signed the custo	l). This mer. Aı	Purchase ny Cancel	Order co	onstitutes a lega ust be confirmed	al con d in w	ders where "IMM tract. In the case riting, by J.P. &	e of the Mattie,	non-p to be	aymen /alid.	t of th	e goods o	rdered, Collec	ction Fees
Claims made after 5 days of receipt will not be honored. Pleas BUYER'S NAME:						pect the merchand				Non Re	TOTAL AMOUNT:				
EMAIL:						Thanks For Your Support					UPS Insurance will be added to the freight (Please provide a copy of your insurance covering Transportation if You wish otherwise)				