

DATE: _____ P.O. #: _____

BUYER INFO.

Name: _____ Tel. _____ Fax. _____

SHIP TO: _____

Company Name / ID# : _____

Street : _____

City : _____ State : _____ Zip : _____

UNITED SILK CORP.

1301 W. Elizabeth Ave., Bldg. F
 Linden, New Jersey 07036
 Tel. (908)474-9221 Fax.(908)474-9212
 Email: sales@unitedsilk.com

Comment:

ITEM #	white	pink	yellow	lavender	cream	purple	fuchsia	red	blue									QTY	PRICE	AMOUNT
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				
11.																				
12.																				

Payment Info.: (check one) Visa_M/Card_Amex_ Card# : _____ - _____ - _____ - _____ Exp. Date: (___/___) CVV# : _____