

W

CUSTOMER WORK ORDER

Invoice #: _____

P.O #: _____

Date: _____

Payment Method: Pay on arrival / Email Invoice

Customer: _____

Project Name: _____

Email Address for Invoice: _____

Contact Name & Phone#: _____

Colour: _____

Gauge: _____

Packaging: 1. Shrink Wrap & Tape 2. Shrink Wrap, Tape & Wrap 3. Skid w/Steel Bands, Wrap, Tape & End Boards

Date Complete: _____

Completed By: _____

Signature: _____