

Bids, Availability and Special Orders

Please fill this form out completely and fax it to Ron at 703-327-2641. All faxes should be followed up with a phone call to ensure that it has been received.

Manager: _____

Store: _____

Date: _____

Wholesale Customer

Customer Name: _____

Retail Customer

Phone Number: _____

Fax Number: _____

QUANTITY	ITEM	SIZE	BID PRICE	ON HAND	CAN ORDER	√ TO ORDER THIS ITEM	NOT AVAILABLE
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
11.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
12.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Date Needed: _____

Direct Ship: YES / NO

Address for Direct Shipping: _____

City: _____ State: _____ Zip: _____