LCB®
The Quality Zipper

ORDER FORM

ORDER NUMBER: _____ ORDER DATE: _____

SEASON: _____ REGION: _____

BILL TO: _____ SHIP TO: _____

ADDRESS: _____ ADDRESS: _____

_____ _____

ATTN: _____ ATTN: _____

TEL: _____ TEL: _____

FAX: _____ FAX: _____

E-MAIL: _____ E-MAIL: _____

DELIVERY DATE REQUEST: _____

TERMS OF PAYMENT: _____

SHIPPING INSTRUCTIONS: ☐ SEA ☐ AIR ☐ COURIER ☐ OTHER: _____

A/C # _____

Please tick it or fill it if you have such request:

☐ Heavy garment wash ☐ Childrenwear ☐ Quick Order

☐ Remarks: _____

DESCRIPTION / CODE	LENGTH (CM/INCH)	COLOR	QTY. (PCS.)	PULLER / CRAMPER	TEETH	TAPE	UNIT PRICE (with currency)	EXTENDED PRICE (with currency)

Remarks:	Subtotal	
	Tax	
Special Packing Request:	Freight	
Ordered By:	TOTAL	