

Applied Textiles PO#:

Date:

All of the below information is REQUIRED either in this format or in the format that works best for the customer.

Company Information:		Ship to:	
Company Name:		Ship to Name:	
Contact Name:		Attn:	
Contact Address:		Ship to Address:	
City, State, Zip:		City, State, Zip:	
Contact Phone Number:		Ship Via:	Other:
Contact Email:		<small>** Freight Forward Contact Info</small>	
Customer PO#:		Ship Type:	
Requested Ship Date out of Applied:		Account #:	
Bill To:			
Bill to Name:		City, State, Zip:	
Attn:		Insured Value:	
Billing Address:		Payment Terms:	

Fabric Application:		Testing Requirements:	
Alta Technology:		Pattern/Fabric Name:	
Additional Finishing Options:		Fabric Color:	
Fabric Content:		Fabric Supplier:	
Price List Price/Yard:	# of Yards:	Supplier Price/Yard:	
		Width:	

Fabric Application:		Testing Requirements:	
Alta Technology:		Pattern/Fabric Name:	
Additional Finishing Options:		Fabric Color:	
Fabric Content:		Fabric Supplier:	
Price List Price/Yard:	# of Yards:	Supplier Price/Yard:	
		Width:	

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Fabric Content:		Fabric Supplier:	
Price List Price/Yard:	# of Yards:	Supplier Price/Yard:	
		Width:	

Tagging/Sidemark/

Labeling Detail: