

RESELLER BUY-IN ORDER FORM

Bill To: _____

Ship To: _____

Order Date: _____

Customer PO # _____

Ship Via: _____

Terms: _____

Expected Ship Date: _____

Cancel Date: _____

Sales Rep: _____

Contact Name: _____

Phone: _____

Quantity	Item Number/SKU	Item Description	Unit Price	Extended Price
			Total	

Buyer Signature _____