

JOB #	CUSTOMER	JOB NAME	TODAYS DATE
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Ordered By

P.O. No.	<input type="text"/>		
Contact	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>		
Fax	<input type="text"/>		
Address	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Quantity	<input type="text"/>		
<input type="checkbox"/> Include Binder	Text Field <input type="text"/>		
<input type="checkbox"/> Insert tabs	Tab Count <input type="text"/>		

Ship To

Company	<input type="text"/>		
Attn:	<input type="text"/>		
Phone	<input type="text"/>		
Address	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

Delivery Options