Reset Form

FCS, INC.
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(336) 830-5954 Phone/Fax
www.fcsline.com

FCS, INC.
Order Form

CUSTOMER ORDER List
Acct No. _____
Taken By: _____

Date: _____ (mm/dd/yyyy) Vendor: _____ Tel No. _____ Fax No. _____

BILL TO
Business Name: _____
Address: _____
Ordered By: _____

SHIP TO
_____
_____
_____

QTY	ITEM NO	DESCRIPTION	RATE	PRICE
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

Comments/Adjustments:

(300 Character Limit)

SUB	0.00
TAX	
Freight	
TOTAL	$ 0.00

Shipping Date: / /

Customer Signature X_____
* Please Type Your Name When Completing Form Online

Submit Form