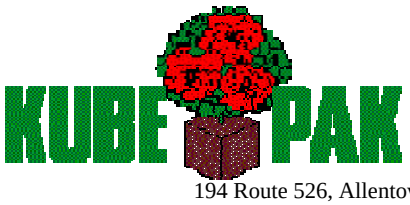
PLUG ORDER FORM



194 Route 526, Allentown, NJ 08501 tel.(609)259-3114 - FAX(609)259-0487

OFFICE USE	initials	date
TAKEN BY:		/
ENTERED BY:		/
PROOFED BY:		/
ACK. BY:		/

COMPANY NAME_____
ADDRESS_____
CITY_____ STATE_____ ZIP_____
CONTACT NAME_____TEL #_____
SHIP VIA_____CUSTOMER #_____ PC_____-_____

DATE_____

PLEASE USE MONDAY SHIP DATES AT THE TOP OF EACH COLUMN AND THE QUANTITY OF FLAT TRAYS PER SHIP DATE IN EACH BOX.

VARIETY	TRAY SIZE	ITEM #	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /