latitude

231 west 39th street
suite 1003
new york, ny 10018
tel: 212 997 8900 fax: 212 997 1113

CUSTOMER P.O. ____
DEPT. NO. ____

MANUFACTURER ____
BILL TO ____
ADDRESS ____
CITY ____
STATE ZIP ____
BUYER ____
TERMS ____
SHIP VIA ____
SALES PERSON ____
CUSTOMER EMAIL ____

SHIP TO ____
ADDRESS ____
CITY ____
STATE ZIP ____
PHONE/FAX ____
ORDER DATE ____
START DATE ____
COMPLETION DATE X FACTORY ____

SPECIAL INSTRUCTIONS ____

STYLE	COLOR	DESCRIPTION											QUAN	PRICE	TOTAL
			A	0/S	0	1	2	3							
			B	0	2	4	6	8	10	12	14				
			C	24	25	26	27	28	29	30	31	32			
			D	XS	S	M	L	XL							

TOTAL UNITS

TOTAL DOLLARS

SALESMAN'S SIGNATURE ____
BUYER'S SIGNATURE ____

TERMS OF SALE: THIS ORDER/DELIVERY IS SUBJECT TO APPROVAL OF CREDIT, AVAILABILITY OF MERCHANDISE AND QUALITY STANDARDS OF THE DISTRIBUTOR AS DETERMINED BY THE COMPANY IN ITS SOLE DISCRETION. ALL MERCHANDISE MUST BE INSPECTED AND ANY CLAIMS MADE WITHIN 5 DAYS AFTER RECEIPT OF GOODS. NO RETURNS WILL BE ACCEPTED UNLESS WRITTEN AUTHORIZATION IS OBTAINED PRIOR TO AND ACCOMPANYING SUCH SHIPMENT. ANY GARMENT RECEIVED WITH MANUFACTER'S LABEL OR HANG TAG REMOVED WILL NOT BE ACCEPTED FOR CREDIT.