



Community Salvation Foundation



Cost: \$75.00

P.O. NUMBER: 00__

TO:

Name:
 Company Name:
 Street Address:
 City _____ State _____ Zip _____
 Phone: _____ Email: _____

SHIP TO:

Name:
 Company Name:
 Street Address:
 City _____ State _____ Zip _____
 Phone: _____

Paid by Check	Paid by Credit Card	Paid Cash	Shipping	TERMS
	CC Type:		7 weeks	

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

Authorized by:

Date:

SUBTOTAL
 SALES TAX
 SHIPPING & HANDLING
 OTHER
 TOTAL
