



SUSAN MURRAY

In-House Form

>>> Customer Order Form + Packing List

Customer Name: _____ Phone Number: _____

Email: _____ On-site Phone # (if needed): _____

Ship To: _____ Venue Name: _____

Delivery Address: _____

Contact Person: _____ Contact Number: _____

Drop of point (i.e. loading dock, coat check closet, etc): _____

Area for notes for Driver (if any): _____

Order Date: _____ Ship Date: _____ Delivery Via: _____

Event Date: _____ Set-up Date: _____ Return Date: _____

Event Name (for label purposes if necessary): _____

Product Items

Item 1 - Name/Colour:		Item size:		QTY/Amount:	
Item 2 - Name/Colour:		Item size:		QTY/Amount:	
Item 3 - Name/Colour:		Item size:		QTY/Amount:	
Item 4 - Name/Colour:		Item size:		QTY/Amount:	
Item 5 - Name/Colour:		Item size:		QTY/Amount:	
Item 6 - Name/Colour:		Item size:		QTY/Amount:	
Item 7 - Name/Colour:		Item size:		QTY/Amount:	
Item 8 - Name/Colour:		Item size:		QTY/Amount:	
Item 9 - Name/Colour:		Item size:		QTY/Amount:	
Item 10 - Name/Colour:		Item size:		QTY/Amount:	
Item 11 - Name/Colour:		Item size:		QTY/Amount:	
Item 12 - Name/Colour:		Item size:		QTY/Amount:	

Acceptance of goods

Name: _____ Time Delivered: _____ Driver:

Signature: _____