



DATE: _____

CHEMICAL CORP. ☐
NEW YORK ☐

MANUFACTURING ☐
INDUSTRIES ☐

<u>SOLD TO:</u>		<u>SHIP TO:</u>	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
ORDERED BY: _____		3rd Party PO #	
PHONE: _____			

GILES NUMBERS		CUST PO:	FRT: BOL # : _____
ORDER	PO	<u>SHIP:</u> VIA - R. CAR # FROM LOC -	PREPAID <input type="checkbox"/> PREPAID & ADD <input type="checkbox"/> COLLECT <input type="checkbox"/>

DATE		QUANTITY ORDERED					
SHIPPED	REQUIRED	BAGS	POUNDS	ITEM ID	Giles Multiple PO #'s	Customer Multiple PO #'s	Freight / FS

SPECIAL INSTRUCTIONS:

RELEASE INFO:

CALLED ☐

FAXED ☐

TIME

ORDER

TAKEN

BY: _____

CSR Use:

COL Entered
Faxed BOL & COA

Data Entry Use:

COL Shipped / Invoiced
Update Spread Sheets