Customer Summary

| | | Date: | |
|-----------------------------------|-------------------------------|--|-------------------|
| Customer Information | <u>Cleanir</u> | ng to be done at ID: | |
| Company: Name: Address: | | Address: Phone: nent: □RX □Fan □Rake □Pad | |
| Email: H Phone: | □Encapsulate Gift: □Info Form | | |
| B Phone: C Phone: Referral: | | | |
| Category | Unit | Extended Price | |
| | | | |
| | | | |
| | Payment Method: □Cash | □Cheque □Credit Card □Do | ebit □Charge |
| Notes: | | Subtotal Discoun Adj. To | l: nt: tal: |