RUBY FOAM MATTRESSES INDUSTRY LLC

INITIAL SALE ORDER INFORMATION FORM				**DATED:**	dateVal
				DELIVERY DT:	delivDateVal
S/O # (ACC) : 23-	**LPO:**	**JOB # (FUR):**	**S/M:** smVal		
CUSTOMER: customerVal			**CONTACT#** contactVal		
DLVY LOCT: locationVal	**VILLA/BLDG:** typeVal		**ODR DT:** orderDateVal		

SR#	ITEM CATEGORY	ITEM DESCRIPTION	SIZES	QTY	REMARKS

SALE MAN :	ACCOUNTS :	PROD . INCHARGE :		APPROVED BY :
FORM DATE :	DATE :	DATE :		DATE :

APPROVED 3D DESIGN DEAD LINE :	JOB PAPER DEAD LINE :