



GOLDEN WAY BUSINESS FORMS

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PRO SYSTEMS fx SALES ORDER

SOLD TO _____ SHIP TO _____

ADDRESS _____

CITY _____

PERSON TO CONTACT _____ PHONE NO. _____ FAX NO. _____

DATE	TERMS:	P.O. NUMBER	SHIP VIA UPS
QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	PRO SYSTEMS ENVELOPES		
	PORTRAIT ORGANIZER AND TAX RETURN ENVELOPES		
<input type="checkbox"/>	DOUBLE WINDOW WHITE 9-1/2 x 11-5/8 P911-CPRO		
<input type="checkbox"/>	DOUBLE WINDOW PEEL & SEAL WHITE 9-1/2 x 11-5/8 P911-PROPS		
<input type="checkbox"/>	DOUBLE WINDOW WHITE 10-1/4 x 12-1/2 P1012-CPRO		
<input type="checkbox"/>	DOUBLE WINDOW PEEL & SEAL WHITE 10-1/4 x 12-1/2 P1012-PROPS		
	PRO SYSTEMS POCKET FOLDERS		
<input type="checkbox"/>	DOUBLE WINDOW 9 x 11-1/4		
<input type="checkbox"/>	DOUBLE WINDOW 9-1/2 x 12 x 3/8 SPINE		
	FOLDER COLOR		
<input type="checkbox"/>	100# GREY CHARCOAL		
<input type="checkbox"/>	100# GREENBRIER		
<input type="checkbox"/>	100# BLUE BLAZER		
<input type="checkbox"/>	84# IVORY		
<input type="checkbox"/>	100# BORDEAUX		

ORDERS SUBJECT TO SHIPPING CHARGES AND SALES TAX



My Card Number:

Exp. Date: _____

Signature: _____

Charge not valid unless signed.

Name of Card Holder: _____

Please Print