GREENLEAF
A Paper Converting Company

Fax Order Form

P.O. # _____ Order Date: _____

Contact: _____ Required Date: _____

Bill To: _____ Ship To: _____

_____ _____

_____ _____

_____ _____

Customer # _____ P.O. # _____

Buying Group:_____

Bill To: ☐ Account ☐ Credit Card Card#:_____

☐ MasterCard Exp.Date:_____

☐ Visa Issue Name: _____

☐ American Express **Issue Address:**

_____

_____

Special Shipping Instructions: _____

_____

☐ Liftgate and Pallet Jack ☐ Delivery Appointment

Call# _____

Item #	Qty	Description	Price

*****Fax Order To: (602) 269-9810*****