Order Form

div of BBT Corp.

Office Maverick Office Supplies

Date:	
P.O. #:	
Customer ID:	

Bill To	Ship to

Shipping Method	Shipping Terms	Delivery Date

Qty	Item #	Description	Job	Unit Price	Line Total

Subtotal	
Shipping	
Sales Tax	
Total	

Viaa___ Mastercard___ American Express___

Credit card Type:_____

Name:_____

Credit Card #:_____

Expiration Date:_____ 3 Digit Code:_____

Signature:_____

Authorized by *Date*

Tel: 877-387-3185 Fax: 866-260-5370 Email: orderdesk@OfficeMaverick.com
Office Maverick, 334 Cornelia Street #166, Plattsburgh, New York, 12901, USA