

Client	Order Date	Date Req'd <input style="width:80%;" type="text"/>	Pick Up <input type="checkbox"/>
Order No.	Ordered By	Time Req'd <input style="width:80%;" type="text"/>	Deliver <input type="checkbox"/>
CS Rep	Contact No.	QTY <input style="width:80%;" type="text"/>	FOLDS <input style="width:80%;" type="text"/>

Delivery Address

Special Instructions

OFFICE USE ONLY	STATUS <input style="width:80%;" type="text"/>	COMP <input style="width:80%;" type="text"/>	OPERATOR <input style="width:80%;" type="text"/>	BAY # <input style="width:80%;" type="text"/>
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No.	MATERIAL	FOLDS	GIRTH	No.	MATERIAL	FOLDS	GIRTH
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			QTY / LENGTH				QTY / LENGTH

No.	MATERIAL	FOLDS	GIRTH	No.	MATERIAL	FOLDS	GIRTH
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			QTY / LENGTH				QTY / LENGTH

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			QTY / LENGTH				QTY / LENGTH