



FAX : 973- 586 -9139
Tel: 1-888-KNIFEPRO
Knives@KnifeProCutlery.com

Date: _____ Company: _____
Purchase Order # _____ Account # _____
Shipping Address _____ Billing Address _____

QUANTITY: _____	QUANTITY: _____
SKU: _____	SKU: _____
DESCRIPTION: _____	DESCRIPTION: _____
PRICE/UNIT: _____	PRICE/UNIT: _____
EXTENDED: _____	EXTENDED: _____

QUANTITY: _____	QUANTITY: _____
SKU: _____	SKU: _____
DESCRIPTION: _____	DESCRIPTION: _____
PRICE/UNIT: _____	PRICE/UNIT: _____
EXTENDED: _____	EXTENDED: _____

QUANTITY: _____	QUANTITY: _____
SKU: _____	SKU: _____
DESCRIPTION: _____	DESCRIPTION: _____
PRICE/UNIT: _____	PRICE/UNIT: _____
EXTENDED: _____	EXTENDED: _____

Terms: (check one)
 Open Account Credit Card

Authorized By: _____

Comments/Special Requests:

First Time Customers will be required to provide Business & Tax ID Information. Orders will ship via UPS ground unless otherwise indicated. FOB ROCKAWAY NJ