



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