JUSTO'S CONSOLIDATED ORDER FORM

Designer/Company NameAddress				Original Start Date				
Phone	Fax	Contact	Contact Person		Bill		Frt. Col.	
C/O (Customer Nam			Phone		Cell			
Del. Address				Pager				
City	Zip					_		
Inventory Due In (Decorator to Fill Out)						_	Check List	t
Manufacturer/Address (If Applicable)		P.O. #	Qty's Due In	Item/Description Details		Date Rec. or P/U	Qty's Rec. In	ltems Ver. By