

IAHCE SALES ORDER FORM

CVH/SALES CHAIRMAN:

*Ashley Davis
1787 N 1750th St
St Elmo, IL 62458 (618) 704-9062*



ORDERED BY:

Name: _____

Address: _____

City & Zip: _____

*Postage and handling will be figured and added to the subtotal by the Sales Chairman.
MAKE CHECKS PAYABLE TO: IAHCE*

| <i>DATE</i> | <i>COUNTY</i> | <i>PHONE</i> | <i>EMAIL</i> | <i>DATE NEED</i> | <i>TERMS</i> |
|-------------|---------------|--------------|--------------|------------------|-----------------------|
| | | | | | Due on receipt |

| <i>QUANTITY</i> | <i>DESCRIPTION</i> | <i>PRICE EACH</i> | <i>TOTAL</i> |
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| | | | |
| SUBTOTAL | | | |
| SHIPPING & HANDLING | | | |
| TOTAL DUE | | | |

ORDER ONLINE: www.iahce.org
If you have not received order within 2 weeks, contact the Sales Chairman

THANK YOU FOR YOUR BUSINESS!