

# Simple Sales Order Form

Order Date:

Order #:

Customer Information:

Name:

Phone:

Address:

Order Details:

#	Product / Item	Description	Quantity	Unit Price	Amount
1	<input type="text" value="Product Name"/>	<input type="text" value="Description"/>	<input type="text" value="1"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
2	<input type="text" value="Product Name"/>	<input type="text" value="Description"/>	<input type="text" value="1"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
3	<input type="text" value="Product Name"/>	<input type="text" value="Description"/>	<input type="text" value="1"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
Total:					<input type="text" value="0.00"/>

Notes / Special Instructions: