

Margaret Winters NYC

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STORE NAME _____	DATE _____
SHIP TO ADDRESS _____	ORDER NUMBER _____
CITY _____ STATE _____ ZIP _____	SHIP DATE _____
BILL TO ADDRESS _____	TERMS _____
CITY _____ STATE _____ ZIP _____	SALES PERSON _____

PHONE _____ **FAX** _____ **EMAIL** _____

STYLE	DESCRIPTION	COLOR	S	M	L	X L	1 X	2 X	3 X	M S	W O	S S	PRICE	TOTAL

FOB FACTORY NY. ALL CLAIMS MUST BE MADE WITHIN FIVE DAYS AFTER RECEIPT OF GOODS.
ALL RETURNS MUST BE ACCOMPANIED BY PROPER AUTHORIZATION.

Buyer's Signature: _____

Add pages as needed

Contact Name: _____

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