GREEK IMPORTS Inc,

6524 MISSION ST
DALY CITY, CA 94014
650 994-3321 fax 650 994-3323

ORDER FORM

No.	Customer	Date

Ship to:

Name:
First
Last
Address:

City : ST: Zip:
Tel:

Sold to:

Name:
First
Last
Address:

City : ST: Zip:
Tel:

If ship to addres is different please fill out form if address is the same please check here ☐

Ship via:

Terms:

P/O:
Order date:
Order N0:

ITEM	QTY-ORD	QTY-SHP	DESCRIPTION	PRICE UNIT

Payment Detail:

Cash: ☐ Check: ☐ Credit Card ☐

Name:

CC#:

expires: