Sphinx Inc.
Serving Since 1991

ACCOUNT MANAGER: _____

OFFICE SUPPLIES ORDER FORM

CUSTOMER NAME: _____

CONTACT NAME: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

DATE: _____

P.O. #: _____

IS CUSTOMER TAX EXEMPT? ❑ YES ❑ NO
IF YES, BE SURE TO GET SALES & USE TAX FORM

WHAT COUNTY IS CUSTOMER LOCATED?

_____

BILL TO: _____

❑ SHIP TO: _____

❑ DELIVER ATTN: _____

QUANTITY	PRODUCT NO.	DESCRIPTION	PRICE

SPECIAL INSTRUCTIONS: _____