

Custom Order Form

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GALLERI	Date Ordered:	Customer Needs Product:
Customer Name:		
Address:		-
Fax/email:		Phone:
In House Information: Item Ordered: Quantity:		Price \$ Tax \$ Shipping \$ Total \$
		Invoice #
Employee Name: Pending Quote Quote Approved Layout Sent for Approval Layout Approved Notified Customer Complete Shipping/Pickup Date	PGD Laser File	Custom File Saved under: