



Customer Ship to: _____ Customer Bill to: _____ Buyers Name: _____
 Address: _____ Address: _____ Title: _____
 City: _____ City: _____ Telephone: _____
 Province: _____ Province: _____ Fax: _____
 Country: _____ Postal Code: _____ Country: _____ Postal Code: _____ Email: _____



BOOTIES	A	NB	0-6 0-9	6-12 9-18							
TIGHTS	B		0-6 0-12	6-18 12-24	18-24	1-3 2-4	3-5 4-6	6-8 6-8	7-10 8-10	9-11 10-12 10-14	12-15 12-14
SOCKS	C		0-4 3-4	4-5 1/2 Infant	5-6 1/2 Toddler	6-7 1/2 XS	7-8 1/2 S	8-9 1/2 M	9-11 LG	10-12 XL	12-16
MISC	D	One Size	A/SM	T/MT	Plus	8 1/2-11					

New Customer

New Address

Childrens Wear Boutique

Womens Wear Boutique

Mens Wear Boutique

Family Shoe Store

Childrens Shoes

Womens Shoes

Manufacturer

Hospital/Gift Store

Chain Store

Other: _____

Page: _____ of _____

STYLE #	COLOUR	MISC	E									#OF DOZENS	DOZEN PRICE	TOTAL

Customer #: _____

Order Date: _____

Ship Date: _____

Cancel Date: _____

P.O.#: _____

Sales Agent: _____

Territory: _____

Ship Via: _____

Terms: _____ Date: _____

Approved by: _____

Special Instructions: _____

TOTAL # DOZENS: _____

Office use only
 Entered Date: _____
 Clerk: _____

Division of S-Team Distributing Inc.
 148-1868 Glen Drive
 Vancouver, BC Canada V6A 4K4
 Phone: 1 (888) 353-5555
 Fax: 1 (604) 738-7739
 www.s-team.ca



2% Monthly Finance Charge on past Due Accounts.
 Return Authorization Required.
 No returns after 60 days. 20% restocking fee applied