

<b>Payment Options</b>		<b>Office Use</b>		<b>Delivery Day/Date</b>		<b>Customer Name &amp; Address</b>			<b>Delivery Options</b>	
Card over phone <input type="checkbox"/>		Packed by: <input type="text"/>		Weds <input type="text"/>					Collection <input type="checkbox"/>	
Cash on Del <input type="checkbox"/>		Delivered by <input type="text"/>		Thurs <input type="text"/>					Delivery <input type="checkbox"/>	
				Fri <input type="text"/>						
						<b>Contact Number:</b>			<b>Vehicle Temp</b>	
									<input type="text"/>	

	Qty	Item	Qty Supplied	Price	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
			<b>Total</b>		

<b>Special Notes:</b>			<b>Order taken by</b>		<b>Date / Time</b>		<b>Order Completed</b>	
			<input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/>	