



Date:
Special Production Order:
Issuing Agent:

Samples To Replicate or Items to Repair			
Make:		Model:	
		Year:	
Appearance:			
Item 1.			
Item 2.			
Item 3.			

Customer

Special Instructions

ORDER INITIATED
<input type="checkbox"/> INVOICED _____
<input type="checkbox"/> ONLINE ORDER _____
<input type="checkbox"/> VERBAL/EMAIL ORDER _____
<input type="checkbox"/> PAY UPON COMPLETION _____
<input type="checkbox"/> PREPAID _____
<input type="checkbox"/> DEPOSIT _____
<input type="checkbox"/> NO CHARGE _____
<input type="checkbox"/> WARRANTY _____

IN PRODUCTION
<input type="checkbox"/> RECV'D _____
<input type="checkbox"/> COMPLETED _____
<input type="checkbox"/> QC'd _____
<input type="checkbox"/> NOTES _____
<input type="checkbox"/> _____
<input type="checkbox"/> HANDED TO _____

IN COMPLETION
<input type="checkbox"/> NOTIFY CUSTOMER _____
<input type="checkbox"/> VIA EMAIL _____
<input type="checkbox"/> VIA PHONE _____
<input type="checkbox"/> _____
<input type="checkbox"/> HAND DELIVER _____
<input type="checkbox"/> WILL CALL _____
<input type="checkbox"/> PACKAGED _____
<input type="checkbox"/> SHIPPED _____
<input type="checkbox"/> CARRIER _____
<input type="checkbox"/> NOTES _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> CUST RECV'D _____