# TRS ORDER FORM

**MAIL OR FAX TO:**
**TRS The Restaurant Store**
8250 Zionsville Road, Indianapolis, IN 46268
317-802-3900 • 800-772-3901 • Fax 317-802-3910

**Date:** :___/___/___ **Salesperson:** _____

## SOLD TO:

CONTACT NAME

COMPANY

ADDRESS

CITY STATE ZIP

PHONE

FAX

## SHIP TO:

CONTACT NAME

COMPANY

ADDRESS

CITY STATE ZIP

PHONE

FAX

**CUSTOMER ID:**

**SOURCE CODE:**

**HOW DID YOU HEAR ABOUT US?**

__Yellow pages (__Business-to-Business)
__Sales flyer/mailer (source code?)
__Catalog (Source code?)
__Newspaper (Which_____)
__Internet
__Word of Mouth
__Other _____

| Qty | Item # | Description | Vendor # | Unit Price | Price |
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**Method of shipping:** ❑ Delivery (our truck) ❑ UPS ❑ FD ❑ Customer Pick-up ❑ Freight ❑ Liftgate req. ❑ Other _____

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|---|---|
| Sub Total: | |
| Shipping: | |
| Tax: | |
| Total: | |

**Method of payment:**

❑ Cash ❑ Check ❑ COD ❑ P.O. #_____

***Charge:*** ❑ Visa ❑ Mastercard ❑ Discover ❑ American Express

Expires:___/___/___ Name:_____

Signature:_____

**Ship Date:**

_____ / _____ / _____

**Comments:**