Seller's LAST Name	Seller's FIRST Name	
Phone / Cell:	Teacher:	Grade:
School Name:		

If accepting Debit / Credit Card as payment, write your

SCHOOL ID _____
for customer reference (Located on your letter.)

PLEASE USE THIS FORM FOR ALL OF YOUR ORDERS.

Customer Name & Phone	Item #	Qty	Item Description	Price Ea.	Credit/Debit Conf #.	Amt. Due	PD ☑
Example: John Smith 555-555-5555	30015	2	Widget	$16	if applicable	$32	✓

Total Items Sold For This Form ____ **$ Dollars**

Piedmont School Sales
336-578-3574 or 800-354-3616
www.piedmontschoolsales.com

Safety is our number one concern. We do not promote door-to-door selling. **PARENTS:** please monitor your child's sales activities. Sell to relatives, friends and co-workers. We would like to thank you in advance for your support.

If turning in more than one order form, please complete this section.

Total Items All Forms	Total Dollars All Forms

Prize Selection(s)

if applicable

** Make checks payable to school or organization. Turn in the order form along with the money collected to the school. The order form will be returned with your order.*