



New York Minute Shot

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NO. _____

INVOICE / ORDER FORM

SOLD TO:

Date: _____

Company Name _____
 Contact Name _____
 Address _____ City _____ State _____ Zip _____
 Tel _____ Fax _____ Email _____
 Resale # _____ P.O. # _____
 Shipping Address (if different from above) _____
 Attn: _____

QTY	ITEM	No. of Cases
_____ Skid	50 cases per skid (18 boxes per case/12 shots per box)	
_____ 20 Ft Container	10 skids—500 cases (9000 boxes)	
	Total Number of Cases	
	X Cost per case	
	TOTAL COST	

Payment Requirements: Total Cost _____
 Method of Payment: Wire Transfer Bank Check (allow 3-5 days to clear) Letter of Credit

 New York Minute

 Customer

Notes:

- No product will be delivered, or picked up, without full payment.

WHITE - OFFICE

YELLOW - SALES UNIT

PINK - CUSTOMER