

CUSTOMER INFORMATION



Use this form to gather customer information, and use the corresponding line numbers to match customer and the order information.

NO.	CUSTOMER NAME	ADDRESS	PHONE	EMAIL	PAID?
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
15					<input type="checkbox"/>
16					<input type="checkbox"/>
17					<input type="checkbox"/>
18					<input type="checkbox"/>
19					<input type="checkbox"/>
20					<input type="checkbox"/>
21					<input type="checkbox"/>
22					<input type="checkbox"/>
23					<input type="checkbox"/>
24					<input type="checkbox"/>
25					<input type="checkbox"/>
26					<input type="checkbox"/>
27					<input type="checkbox"/>
28					<input type="checkbox"/>