Shipping Form

Office Use

Invoice_____.
Shipping_____.
Bal_____.
Auth # _____.
Paid _____.
Dep _____.

Microtan
226 W. Niles St.
Blue Mound, IL. 62513
217-692-2792
www.microtan.com

Office Use

Pro. #_____.
Date Rec'd _____.
Box or Cooler_____.
Bin _____.
Dry Tan #_____.

Shipping Date	Shipping Company Used

Taxidermist Name_____.

Company Name_____.

Address _____.

City_____**State** _____**Zip** _____.

Phone_____**E~mail**_____.

Qty	Species	Capes	LS, HLS or Flat Skin	Frozen	Salted	Wet Tan	Dry Tan

Customer #	Customer Name	Item	Size	Amount	F	S	W	D	Notes