

ORDER FORM

DATE: _____

TELEPHONE #: _____ FAX #: _____

ORDER BY: _____ P.O. #: _____

COMPANY NAME: _____

INVOICE TO: **ATTN TO:** _____

SHIP TO: _____

SHIP VIA UPS
SERVICE LEVEL: _____

EMAIL
ADDRESS: _____

	PART #	DESCRIPTION	QTY.	PRICE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____

COMMENTS: _____

PAYMENT:
WE WILL CALL YOU FOR YOUR CREDIT CARD NUMBER.