

Customer Order Form – New Orders

Date		E-mail:	
Company Name			
Contact Person			
Phone #	() -	Fax #	() -
Attn:			P.O. #
Billing Address	_____		
	City: _____ State: _____ Zip Code: _____		
<input type="checkbox"/> Same as billing			
Shipping Address	_____		
	City: _____ State: _____ Zip Code: _____		
Sales Rep	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name: _____	
Quote#			

Item Number	Description	Qty.	Price	Total

Shipping Option: Prepay & Add \$ _____ Collect Acct#: _____
 UPS FedEx
 Priority ON Standard ON 2nd Day 3rd Day Ground

Payment Option: Net 15* Net 30* Net 45* Credit Card
*Only available if your company has been set up on specific Net terms and has gone through the account setup process; including, but not limited to, submitting credit references, tax documentation, and credit check if deemed necessary.

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 All Information is required.

VISA     MasterCard     American Express     Discover

Credit Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_                      Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_