

Order Form - For Fax, Phone or Mail-in Orders

COMPANY NAME: _____ **ACCT. NO.:** _____

PO #: _____ **DATE:** _____ **PHONE:** _____

ORDERED BY: _____

Have you ever ordered from us before? () Yes () No

SHIPPING ADDRESS: _____ **BILLING ADDRESS:** _____

QTY.	PART #	DESCRIPTION	PRICE EA.	TOTAL

SPECIAL NOTES:

PLEASE SHIP: Regular Ground UPS () UPS Next Day Air ()
 UPS 2nd Day Air () Other () _____

PAYMENT METHOD: Bill Account () Credit Card ()
 Prepay () Wire Transfer ()

**ALL IN-STOCK ITEMS
 WILL BE SHIPPED
 THE DAY YOUR ORDER
 IS RECEIVED!**

Authorized Signature: _____

Ship to the Attn. of: _____

