



## ORDER FORM

Date: \_\_\_\_\_ P.O. # \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Billing Address: \_\_\_\_\_ Ship to Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of Payment: Check Enclosed \_\_\_\_\_ Other \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp.: \_\_\_\_\_

<b>PART #</b>	<b>DESCRIPTION</b>	<b>QTY.</b>	<b>PRICE</b>
	<b>SUB TOTAL</b>		
	<b>SC RESIDENTS 5% TAX</b>		
	<b>FREIGHT</b>		
	<b>TOTAL</b>		

Comments: \_\_\_\_\_

\_\_\_\_\_