

Customer Order Form



P.O. Number	Invoice Number

Bill to Address	Ship to Address
Customer I.D. #:	Company Name:
Company Name:	Contact Person:
Person Placing Order:	Address
Phone Number:	City/State/Zip:

Order (Please Specify)		UPS Ground	Special Inst.	FedEx Saver
COD				
Check		UPS Blue 2 Day	Airborne	FedEx 2 Day Economy
Net		UPS Next Day	Emery	FedEx Priority Overnight
C.C.		Ups 3 Day Select	Customer Pick-up	FedEx Standard Overnight

Qty.	Part Number	Description	Price
			Total Price for product
			\$

Comments:
Order Taken By: _____ Date: _____