

Order Form

Order Date: _____

Order/Quote #: _____

Billing Information (As It Appears On Card)

First Name:		Last:	
Company Name:		Billing Address:	
City:	State:	Zip Code:	Country:
Phone:		Email:	

Shipping Information (If Different From Billing)

First Name:		Last Name:	
Company Name:		Shipping Address:	
City:	State:	Zip Code:	Country:
Carrier:		Ship Method:	
<input type="checkbox"/> UPS	<input type="checkbox"/> other	<input type="checkbox"/> Ground	<input type="checkbox"/> 2 Day
<input type="checkbox"/> Fedex		<input type="checkbox"/> Next Day	<input type="checkbox"/> other
Customer Ship Acct. # (optional):			

Products Ordered

Part #	Description	Qty	Unit Cost	Price
Shipping				
Total				

For security reasons we do not accept credit card numbers via email. Please call our office at (413) 731-7835 with these details.

Card Information (Office Use Only)

Credit Card Number: _____	Exp Date: __ / __	CSC Code: ___
Card Type:	We accept: Master Card, Visa, Discover	
Amount:	Auth #:	