

1-877-827-7835

Billing Information		Ship To Address: (if different from billing information)	
Company Name		Company Name	
Contact Name		Contact Name	
Street Address		Street Address	
City /ST/ Zip		City /ST/ Zip	
Phone / Fax Nos.		E-mail address	

SHIP-TO ADDRESS (SELECT ONE): **RESIDENTIAL** **BUSINESS**

ORDER AMOUNT	ITEM NAME OR DESCRIPTION	PRICE/UNIT	SUBTOTAL

*ALL SHIPPING COSTS, C.O.D. CHARGES (If Applicable) & SALES TAX OF 8.25% (Texas only) WILL BE ADDED TO SUBTOTAL WHEN SHIPPED.

PAYMENT METHOD: (SELECT ONE) **VISA** **MASTERCARD** **C.O.D.** **CREDIT TERMS**

CREDIT CARD NO: _____

EXPIRATION DATE & BILLING ZIP

PRINT NAME: _____ **PLEASE SIGN (confirm order):** _____

An invoice is normally sent via fax, email or mail. We will inform you if any item is out-of-stock or needs to be back-ordered.