

ORDER FORM

Fax to 978-537-9426 International: 00 1 978-537-9426

Customer P.O. # Order Date:

| Bill To Address | Ship To Address (If different from billing address) |
|-----------------|---|
| Name/Contact | Name/Contact |
| Company | Company |
| Address | Address |
| City/State/Zip | City/State/Zip |
| Phone Fax: | Phone Fax: |
| Email | Email |
| | |

| у. | Item # / Description | Price | Total |
|----|----------------------|-------|-------|
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| Credit Card Information | | | | |
|--|--|--|--|--|
| DISC VISA EXPIRATION DATE MONTH YEAR AMEX ZIP CODE SVC # | | | | |
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| ABOVE CARD INFO WILL BE SHREDDED AFTER ORDER IS PROCESSED. | | | | |
| Signature Tax ID # | | | | |

| Back Order ☐ Yes ☐ No Substitutions ☐ Yes ☐ No | Merchandise Carded ☐ Yes ☐ No Requested Ship Date: Cancel Date: |
|--|---|
| Comments: | |

73 Water Street Leominster, MA 01453-3218 USA