



New Customer Form/Order Form

Company Name:		
Phone:	Fax:	Email:
Company Address:		
City:	State:	ZIP Code:
Bill to:	Ship to:	
_____	_____	
_____	_____	
_____	_____	
Part Number:	Method of payment:	
	<input type="checkbox"/> Net 30 days <input type="checkbox"/> Credit card	
Contact Name & email address:		
Order:		
Product number or Product description:		
Amount:		
Method of payment:		
General comments or questions:		