Fax: 573-214-0474 **Phone: 866-292-0472**

Fax-In
Parts Order Form

Date:_____ PO#_____

Company Name:_____

Purchasing Contact:_____
Phone:_____

Part Number	Quantity	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ship to Attention:_____

Ship Via (Choose One)

if no acct no provided, we will prepay and add to invoice

UPS: Ground 3-Day 2-Day Next Day Acct No. _____

FedEx: 2-Day Next Day Acct No._____

Comments:_____

_____

Ship To Address:

_____
_____
_____
_____
_____

Bill To Address:

_____
_____
_____
_____
_____

Tax Exempt? No Yes (provide documentation)

Send Order Confirmation to (fax number)_____