ORDER FORM

Date:____/_____/_____ Bill to:_____

Address:_____

City:_____ State: _____ Zip:_____

Phone:_____ Fax:_____

Email:_____

Ship to (if different):_____

Authorized by:_____ PO#_____

SHIPPING INSTRUCTIONS

- ❑ UPS Ground
- ❑ UPS Second Day
- ❑ UPS Next Day
- ❑ Truck
- ❑ Other_____

Promotion Code:_____

PAYMENT OPTIONS

☐ Visa ☐ Master Card ☐ Discover

Credit Card #:_____

expiration date:_____Security code#_____

Name of card holder:_____

Authorizing Signature:_____

Qty.	Item #	Item Description	Price Each	Total

Grand Total

Freight will be calculated as actual charge and added to your order when shipped. Heavy equipment & supplies require special shipping. Sales tax applies to IL ship to addresses only. Call with any questions.

www.concretecountertopsupply.com

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