



Order Form

Ph. 626-571-1885 Fax. 626-604-4933
 Mon-Fri. 8am-4:30pm
 2701 Garfield, Commerce, CA 90040

No. _____

Date / /

CUSTOMER INFORMATION

New Customer Current Customer

Bill To
 Company Name: _____
 Contact Name: _____
 Phone: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Email: _____

Ship to: Same as Billing
 Name: _____
 Phone: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

	Item #	Description	Qty	Price
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				