

Pieces and Parts...



Customer Name: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

BILLING ADDRESS

(Provide address where credit card statement is received)

COMPANY/NAME: _____
 ADDRESS: _____
 CITY/STATE: _____
 ZIP CODE: _____

SHIPPING ADDRESS Residential Commercial

(We cannot ship to a PO Box)

COMPANY/NAME: _____
 ADDRESS: _____
 CITY/STATE: _____
 ZIP CODE: _____

QUANTITY	ITEM ITEM CODE	SIZE	METAL	DESCRIPTION	COST
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
All orders will be shipped UPS Ground.					\$
Please indicate if you would like pricing for expedited shipping. If so, you will be contacted with options prior to shipping. Yes / No					Sales tax (MI only): \$
***Shipping charges will be prepaid and added to invoice. Please call for an estimate if you are mailing a check with order.					***Shipping: \$
					TOTAL: \$

Please provide credit card information:

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Expiration date:

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Thank you for your order!