

Order Form







THE	LONG WAY						
Billing Addr	Order Date		Required Delivery Date	Shipping Address (If	different from billing) Res	idential Commerica	
Name / Title				Name / Title			
Company Name				Company Name			
Address				Address			
City		State	<u>Zip</u>	City	State	<u>Zip</u>	
Phone Fax				<u>Phone</u>	<u>Fax</u>		
Email				Special Handling Instructions			
Purchase Order # ((Not Required)						
Qty	Part #		Description		Price Each	Total	
	Credit (Card Informat	ion				
Card #				SECURED IN SECURED	MI Sales Tax 6%		
Three digit CVV# Exp. Date The last 3 digits AFTER the credit card number in the signature area of the card					Shipping & Handling		
Signature Date				All credit card transactions are GoDaddy secured	Order Total		
	VISA		MasterCard		, Bi		
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