



Shelf Piston Orders



Attn: _____

Customer Name:	Contact:	Acct. No.	
Address:	City	State	Zip
Phone No:	Fax No:	Email:	
Credit Card No:	CVC No.:	Exp. Date:	Name on Card:

ALL DROP SHIPMENTS WILL INCUR AN ADDITIONAL \$10.00 HANDLING FEE

Drop Ship Company Name:	Contact:		
Address:	City:	State	Zip
Phone No:	Fax No:	Email:	

ORDER INFO

Purchase Order No:
Fax Confirmation: Y/N Parts Available will ship _____ Not Available—Date Expected _____

Ship Via—FedEx Ground, FedEx 3 day, FedEx 2 Day, FedEx Overnight UPS Ground, UPS 3 day, UPS 2 Day, UPS Overnight UPS Early A.M. Del. Other: _____

Qty	Description	\$ Amount
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