

Date _____
 Phone # _____
 Fax # _____
 Email _____
 P.O.#: _____
 Job: _____

Sold To: Customer _____ Customer No. (if known) _____
 Check here if residential delivery (this includes Home Offices)
 Street _____
 City _____ State _____ ZIP _____
 Your name and Phone# _____

Preferred Shipping Method:
 Ground
 (We may substitute 3 Day at our discretion if cost is same or less)
 3 Day
 2 Day Air
 Next Day Air
 Priority
 Standard
 Priority Mail (no COD's)

Ship To: (if different from above) Street address, not a P.O. Box (unless shipping priority mail)
 Company Name _____ Attention _____
 Street _____
 City _____ State _____ ZIP _____

Order:

Qty	Part Number	Description	Color	Unit Price \$	Total \$

NOTE: When ordering Drawer Pulls, please specify screw length, (3/4", 1", 1 1/4", or 1 1/2") otherwise 1" will be sent. *** Merchandise Total**
 *Appropriate shipping/COD/Tax charges will be added

Payment: Open account (Established accounts only)
 Credit card - Visa, MasterCard, American Express or Discover
 COD
 PrePay - Check enclosed (*call for total including shipping charges)



For ALL credit card orders, **COMPLETE ALL SECTIONS** of form below

Exact name(s) on card _____
 Exact billing address for card (This is where your credit card bill is mailed to)
 Street _____
 City _____ State _____ ZIP _____
 Card number _____
 Expiration date _____
 Signature _____

If you would like a shipping confirmation and tracking number, please provide your E-mail: _____
 Would you like to receive our Monthly E-News?
 Y N