

Date _____

Phone # _____

Fax # _____

Email _____

P.O.#: _____

Sold To: Customer _____ Customer No. (if known) _____

Check here if residential delivery (this includes Home Offices)

Street _____

City _____ State _____ ZIP _____

Your name and Phone# _____

(if different from above) Street address, not a P.O. Box (unless shipping priority mail)

Company Name _____ Attention _____

Street _____

City _____ State _____ ZIP _____

Job: _____

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)

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**