



305 Lake Road Medina OH 44256
 PH 800 815 6330 FAX 330-721-6799

Product Order Form

Bill To: _____
 Attn: _____

Shipping Address: _____
 Attn: _____

Ph #: _____

Ph #: _____

Delivery type: Business _____ or
 Residential _____

Dated Issued _____ Requested Ship Date _____ P.O. #: _____

Freight & Shipping Instructions ALL GOODS F.O.B. MEDINA, OH

Choose one freight and payment method:
 Collect: Customer to arrange and pay for freight pick up and delivery
 Prepaid and added to invoice (order is shipped "best way" and actual freight charges are added to bottom of invoice)
 Bill freight charges directly to customer's account with designated carrier. Customer must designate carrier name and account number _____
 Other routing or special instructions such as inside delivery or call before (please specify) _____

Is a freight quote required prior to shipment? Yes _____ No _____ Do you have a dock for delivery? Yes _____ No _____
 If all product is not in stock, is a partial shipment with backorder ok? Yes _____ No _____
 Partial shipments will likely incur additional freight charges.

Payment Methods

Visa _____ M/C _____ Cardholder Name _____
 Card # _____ Expiration Date _____ 3 digit security code _____
 Invoicing _____ (Application for account must be submitted with first order, credit approval takes approx. 3 days)
 Check with order _____ Check # _____ (please attach) *There will be a \$25 charge on all returned checks.*

Quantity	Item #	Description	Unit Cost	Total
Product Total				
6.75% Ohio Sales Tax will be waived if a completed exemption certificate is provided, which are available upon request.				
Subtotal				
Freight charges				
Total Order Value				

Order Authorized By _____

To provide documentation and avoid discrepancies, please complete this form and fax to 330-721-6799. For customer assistance please call us at 800-815-6330