Fabrication Enterprises order form

1: BILL TO:		2. METUOD	3: METHOD OF PAYMENT:					
	nt Number (if known):				ises Inc.)	CVC cod	de	
	nt Name:	`						
Address:	it Name.							
Add1633			Card Account No	ımber:		Expiration date:—		
City:		State: Zip:						
-		Outo: <u></u>						
-			Name (Please Pri	nt):				
			Credit Card Billing	Address: ——				
, , –		City:	City: State: Zip:					
			Country:					
	Number:							
2: SHIP TO:	*Ship (If different than bill to) servic	Signature:	Signature: Date:					
			4: SHIPPING	CHARGE	s.			
					es are the responsibility of the	purchaser and w	ill be adde	
			to your invoice.	•				
			Freight charges			ur account by using your carrie		
			 Some products are shipped directly from the factory or made to order. These will normally be shipped within 7-10 working days. 					
City:			•	ed when merch	andise is available. Charges fo	or this service will I	be added	
Country:			your invoice.					
	T SELECTION:	222112					TOT4	
QUANTITY	PRODUCT NUMBER PR		CODUCT DESCRIPTION		UNIT	PRICE PER UNIT	ТОТА	L
Continue o	on another sheet of			MERCHANDISE TOTAL				
			 If your billing or shipping facility is in New York State, you will be charged sales tax. If you are exempt from pay- ing New York State sales tax please send a copy of your 			SHIPPING		
		res	sale or tax exempt certificate yment.			SUB TOTAL		
			our billing or shipping addres	billing or shipping address is located in a state in SALES TAX*				
6: TO ORDER:			n the shipper has a presence, you may be responsible			GRAND TOTAL		

Please email, fax, or mail the completed order form to the contact information below.

An account is required with Fabrication Enterprises before your order will be processed.

GRAND TOTAL