



PO BOX 19491
 KALAMAZOO, MI 49019-0491
 PHONE: 888-975-5215
 FAX: 269-353-7719
 SALES@SDZSUPPLY.COM
 WWW.SDZSUPPLY.COM

ORDER FORM

FAX COMPLETED FORM TO: 269-353-7719
OR
EMAIL TO: SALES@SDZSUPPLY.COM

ORDER DATE:	_____
PO#:	_____
CONTACT PERSON:	_____
PHONE:	_____
EMAIL:	_____

BILL TO

NAME:	_____
ADDRESS:	_____
CITY:	_____
STATE:	_____
ZIP:	_____
PHONE _(REQUIRED) :	_____
EMAIL _(REQUIRED) :	_____

SHIP TO

<input type="checkbox"/>	CHECK HERE IF SHIP TO ADDRESS IS SAME AS BILLING			
<input type="checkbox"/>	BUSINESS	OR	<input type="checkbox"/>	RESIDENTIAL
NAME:	_____			
ADDRESS:	_____			
CITY:	_____			
STATE:	_____			
ZIP:	_____			
PHONE _(REQUIRED) :	_____			
EMAIL _(REQUIRED) :	_____			

CREDIT CARD INFORMATION							
<input type="checkbox"/>	AMEX	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	DISCOVER
CARD #:	_____						
EXP. DATE:	_____	CVV CODE:	_____				
NAME ON CARD:	_____						

IF YOU HAVE A SHIPPING ACCOUNT, AND WOULD LIKE US TO SHIP COLLECT, PLEASE ENTER YOUR INFORMATION BELOW. SHIPPING FEES WILL NOT BE ADDED.					
<input type="checkbox"/>	FEDEX	<input type="checkbox"/>	UPS		
<input type="checkbox"/>	GROUND	<input type="checkbox"/>	2 DAY	<input type="checkbox"/>	NEXT DAY
ACCOUNT #:	_____				

PART NUMBER	DESCRIPTION	QUANTITY	PRICE	EXTENDED
NOTES/COMMENTS:				
			SUBTOTAL:	
			SHIPPING: TO BE ADDED	
			SALES TAX (CA ONLY - 7.5%):	
			TOTAL BEFORE SHIPPING:	

*PLEASE NOTE – IF YOU WOULD LIKE TO PAY IN NET 30 DAY TERMS, PLEASE ATTACH 3 CREDIT REFERENCES. THERE WILL BE AN ADDITIONAL 2 DAY LEAD TIME FOR CREDIT CHECKS ON YOUR INITIAL ORDER.