# ORDER FORM

***Fax: (310) 539-6813***

Date _____

Bill To _____ Ship To _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Ordered By _____ P.O. # _____

Telephone _____ Ship Via _____

Fax _____ Ship Date _____

Attention: _____ Receiving Hours _____

| QTY | UNIT | ITEM NO. | DESCRIPTION | UNIT PRICE | EXTENDED TOTAL |
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| | | | | **TOTAL** | |

Type of Payment:

☐ **C.O.D.**

☐ **30 NET**

**NOTES:**