

INDUSTROMART.com

www.industromart.com

DIV. OF ZAENTZ

Once this form is completed, please FAX it to our ORDER ENTRY DEPT. at 201-489-6650. A confirmation will be forwarded to you the same business day it is received. Thank you.

SHORT ORDER FORM

When placing an order, you may use either this Form, or your own Purchase Order Form.

If using this form, **please include** a Fax Cover Sheet with it.

Date _____

PO # (If needed) _____

Contact Name _____

Please place a checkmark next to what best describes your Ship To address

Legitimate

Commercial Address _____ Residential Address _____

Sold To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Ship To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

QTY	CAT # / MODEL #	DESCRIPTION	UNIT PRICE

Credit Card Type: M/C _____ VISA _____ DISC _____ AMEX _____

Shipping Cost _____

Card Holder's Name: _____

Credit Card #: _____

Exp. Date _____ 3/4 Digit Ref. Code _____

If the **Billing Address** for your Credit Card, is not the same as your Sold To address or Ship To address, please provide that address below.

BILLING ADDRESS of CARD

City _____

State _____ Zip-Code _____

If you prefer that shipping costs be billed directly to your own **UPS Account**, or that your order be shipped **Freight Collect via your own Carrier**, please provide that information below:

Your UPS ACCOUNT #

If **SHIPPING Freight Collect via LTL**, your preferred Carrier: