

SURPLUS STOCK ROOM

SHORT ORDER FORM

INDUSTRO-SURPLUS

Division of **ZAENTZ**

Once the Order Form is completed,
you may **E-MAIL** it to our **ORDER ENTRY DEPT.**
at sales@industromart.com
or **FAX** it to **1-201-489-6650**

* *if Faxing your Order*, please include a **Fax Cover Sheet**

Date _____ PO # if needed _____ Buyer 's Contact Name _____

Sold To _____

Address: _____

City _____ State _____ Zip-Code _____

Phone _____ Fax _____ E-Mail _____

(Confirmation will be sent to this E-Mail Address)

Ship To _____

Address _____

City _____ State _____ Zip-Code _____

Phone _____ Contact Name _____ TAG # if needed _____

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

Legitimate Commercial Building Address _____ Residential Address _____ School _____ Job-Site _____ Government Facility _____

QTY	CAT# / MODEL #	DESCRIPTION	UNIT PRICE

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

Shipping Cost: _____

Using our Shipping Carrier

Cardholder's Name: _____

Credit Card #: _____

Exp. Date: _____ Credit Card Code # _____

3 digits M/C ,VISA & Disc., 4 digits AMEX

If No Shipping Cost is included on the Order Form,
we will forward you a Shipping Cost
for your approval, before the Order is processed.

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

Address _____

City _____

State _____ Zip-Code _____

if you prefer that the Order ship
Freight Collect via your own Carrier,

please provide us with your
Carrier's Name & Account # below:

Carrier: _____

Account # _____