

Customer Order Form

Please **complete all fields** with the required information and fax to (432) 334-6011.
 Order will not be processed if form is incomplete.

Company Name:	
Bill To:	<input type="checkbox"/> Check if bill and ship to address is the same.
/ /	Ship To:
Ph: Fax:	/ /
Contact:	Contact:
Order Date:	Ph: Fax:
A confirmation of your order will be faxed to your Accounts Payable department.	

Qty	Item and Description	Quoted Price*

Shipping & Insurance and any applicable Tax are not included in quoted price unless otherwise stated.

UPS Shipping Method:	
<input type="checkbox"/> Ground <input type="checkbox"/> 3 Day Select <input type="checkbox"/> 2nd Day <input type="checkbox"/> Next Day	Shipping Insurance Desired On Parcel:
<input type="checkbox"/> Other	\$

Payment Method:	
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	<input type="checkbox"/> NET 30 Acct
Name on Card	PO #
Card #	
Exp. Date / V Code	
Please provide Card info or PO #. Order cannot be processed without a payment method.	

Order Approved By:

 Please Print Name

 Signature

*** Prices may vary and are subject to change.**

Note:
 Before placing your order, we encourage all to review our Return Policy online at <http://www.saltronix.com/information.htm>.
 Account will not be charged until date of shipment to your facility or order is ready for pickup at our office.