

Date _____ **P O #** _____ **Quote Shortly** _____

Customer Contacts
 Phone _____
 Fax _____
 E Mail _____
 Contact _____

Ship To Contacts (if Different From Above)
 Phone _____
 Fax _____
 E Mail _____
 Contact _____

Requested Ship Date

Select Freight Charges:freight Collect ☐ or Freight Prepaid & Add To Bill ☐
(you Pay Truck Driver For Freight) (we Add To Your Bill - Do **Not** Pay Driver)
_____ trucker: **Call Before Delivery**, No Extra Charge But Delays Order 24 Hours

[illegible]**Total**