Ultra-High Pressure Waterjet Cutting and Cleaning Services

PARTS

CUSTOMER ORDER

PAGE/PAGES: _____

DATE: _____

CUSTOMER NUMBER: _____

COMPANY NAME:

CUSTOMER NAME/PERSON PLACING ORDER:

STREET ADDRESS:

CITY: STATE: ZIP:

PHONE: FAX: E-MAIL:

BILL TO ADDRESS IF DIFFERENT:

CUSTOMER PURCHASE ORDER NUMBER:

SHIPPING METHOD: UPS GROUND_____ OTHER: _____ DATE PARTS ARE REQUIRED: _____

SHIP TO ADDRESS (IF DIFFERENT THAN ABOVE):

SHIP TO CONTACT PERSON: PHONE:

PART NUMBER	QUANTITY	DESCRIPTION	PRICE/EACH

ORDER TAKEN BY: _____ ORDER NUMBER:_____

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Updated: 4/05