12207 Los Nietos Road, Unit C
Santa Fe Springs, CA 90670
Ph: 1-888-521-3677 Fx: 562-944-8888

Date: _____
P.O _____

PARTS ORDER FORM (2007)

A/C #_____
Company Name_____
Company Address: _____
City: _____ State:_____ Zip:_____ _____
Contact Name _____Phone Number_____
Shipping Address (If different) _____
City: _____ State: _____ Zip: _____

UPS Next Day	☐
UPS 2nd day	☐
UPS Ground	☐
Will Call	☐

MODEL	DIAGRAM PAGE	DIAGRAM ROW	PARTS NUMBER	DESCRIPTION	UNIT PRICE	QTY	TOTAL
					Total Parts :	$	

Shipping : $_____
Handing: $_____
Total amount: $_____

Payment Term: COD☐ CREDIT CARD☐
VISA ☐ MASTER ☐ DISCOVER ☐
Credit Card Number_____ EXP. DATE_____

3 Digit Security Code: _____ Name on Card: _____

Card Billing address: _____

City: _____ State: _____ Zip: _____
Addition notes: _____

Internal use only :
Staff: Authorized by: