

//////////////////// **ORDER FORM** //////////////////////////////////////

300 Ashworth Road • West Des Moines, IA 50265 • Phone: 800-247-4081 • Fax: 515-223-6109

SOLD TO: \_\_\_\_\_ TO:  Check if same as 'Sold To'  
Customer Account #: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment Method:  Visa  MasterCard  American Express  Discover  C.O.D.  Bill My Account

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

Customer P.O. #: \_\_\_\_\_ Shipped Via: \_\_\_\_\_

Quantity	Part#	Description	Unit Price	Total