

U.S. ORDER FORM



Distributors South LLC

PURCHASER INFORMATION

Date: _____ Purchase Order No.: _____
 Purchaser to be Invoiced: _____
 Contact Name: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Ext: _____ Fax: _____
 E-mail: _____

SPECIAL INSTRUCTIONS

SITE INFORMATION – Complete the following, or attach an equivalent list for complex or multiple site orders.

Customer Site: _____
 Contact Name: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Ext: _____ Fax: _____
 E-mail: _____

Ship To: Customer Site: Purchaser: Other: _____

Preferred Method of Contact: Phone: Fax: E-mail:

Qty	Product	Unit Price	Extended Price
<div style="border: 2px solid black; height: 100px; width: 100%;"></div>		Sub-Total	
		Shipping	
		Sales Tax	
		Total	

A Sales Administrator will contact you to confirm your order prior to final processing!

PAYMENT BY CREDIT CARD – Please charge to my organization credit card:

Amex: MasterCard: Visa: Card Number: _____ / _____ / _____ Exp. Date: _____

Signature: _____