ORDER FORM

Refinisher's Warehouse

Fax Orders To: (503) 558-8890

Customer Name _____

Contact Name _____

Shipping Address _____

City, State, Zip _____

Phone Number (_____) _____ - _____

QTY	SIZE	DISCRIPTION	COLOR	PRICE EA	TOTAL
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$

How would you like your order shipped? o COD **o UPS Ground** o COD **o 2 Day Air** o COD **o Next Day Air** o COD **o RPS**

o Will Call **o Ship Board** **o CANADA** **o Other** _____

o Do you want this on your Credit Card? _____ **Exp. Date** _____

o Check **o Money Order Only** **o Time Pay (select customers only)**

Time In: _____

Date In: _____

Order taken by;

Initial _____

Shipping/Handling (see table) $ _____

Hazardous Fee $25 Air/$20 UPS $ _____

DOT Required Packaging $6.50 $ _____

C.O.D. Fee $7.50 $ _____

Balance Due: $ _____