FOR INTERNAL USE ONLY:

DATE: _____
CONTROL NUMBER: _____

CUSTOMER#: _____ **TERMS:**_____
SHIP VIA: _____ **SHIP DATE:** _____ **NUMBER OF BOXES:** _____

	WEIGHT	TRACKING#		WEIGHT	TRACKING#
BOX1:			**BOX4:**		
BOX2:			**BOX5:**		
BOX3:			**BOX6:**		

Order by Phone
1-866-8-AIR-TEC

Order by Fax
1-978-345-5255

Air·Tec
ORDER FORM

ORDERED BY: (Your Account #)	**SHIP TO:** (Only if Different from Ordered by) Company:
Name:	Attn:
Phone:	Street Address:
Purchase Order #:	City, State, Zip
Date:	

SEND NO MONEY. WE WILL CHARGE YOUR PURCHASE TO YOUR ESTABLISHED AIR-TEC ACCOUNT.
If you prefer to use your credit card, please fill in below before placing your order with us.

Credit Card Number: _____ Expiration Date: _____
Cardholder's Name: _____

Quantity (How Many)	Unit (EA,CASE,BX)	Part Number	Description	Unit Price	Total Cost
				Shipping	
				Sales Tax	
				TOTAL	