

# IDEAL SUPPLY

## ORDER FORM



<b>SOLD TO</b>		<b>SHIP TO</b>	
Customer # _____		Company Name _____	
P.O. Number _____		Attn _____	
Company Name _____		Street Address _____	
Buyer's Name _____			
Street Address _____		City/State/Zip _____	
City/State/Zip _____		Phone _____	
Phone _____ Fax _____		Email _____	
Email _____			

### ORDER INFORMATION

QTY	ITEM #	DESCRIPTION	UNIT \$	TOTAL \$

*We will ship prepaid and invoice you for the charges unless you request to ship collect on your account.* Subtotal

### METHOD OF PAYMENT

- NET 30 TERMS *(for existing pre-approved accounts)*
- VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ CVV CODE \_\_\_\_\_

### SHIPPING

- GROUND
- 2ND DAY AIR
- NEXT DAY AIR

UPS ACCT # \_\_\_\_\_

*We will ship prepaid and invoice you for the charges unless you request to ship collect on your account.*

### CONTACT US

PHONE 828-274-0144 800-533-0144  
 QUOTES call, fax or email for quick service  
 FAX 828-274-0140  
 WEBSITE [www.IdealBlasting.com](http://www.IdealBlasting.com)  
 EMAIL [sales@idealblasting.com](mailto:sales@idealblasting.com)  
 MAIL PO Box 15397 Asheville, NC 28813