1278 **Order Form** Please Photocopy For Future Reference

1. CONTACT INFORMATION

Name _____

Title _____ Dept. _____

Phone _____ Fax _____

email _____

2. BILLING ADDRESS

Company _____

Address _____

City _____ State _____

Zip+4 _____ Country _____

Phone _____ Fax _____

3. LITERATURE ADDRESS ☐ Same as billing ☐ Same as shipping

Company _____

Address _____

City _____ State _____

Zip+4 _____ Country _____

4. SHIPPING ADDRESS ☐ Same as billing address

Company _____

Address _____

City _____ State _____

Zip+4 _____ Country _____

Phone _____ Fax _____

5. ORDER

P.O. # _____ KEY CODE _____

ORDER #	QTY.	PAGE #	UNIT/MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						

SUBTOTAL	
ESTIMATED SHIPPING & HANDLING	
NY/SC/CA STATE SALES TAX	
TOTAL AMOUNT	

6. SHIPPING OPTIONS

☐ UPS Standard Ground
☐ UPS Next Day Air
☐ UPS Next Day Air Early AM Delivery
☐ UPS Second Day Air
☐ UPS 3 Day Select
☐ Other _____

SHIPPING AND HANDLING CHARGES ARE BASED ON WEIGHT OF ORDER, LOCATION SHIPPED FROM AND METHOD OF SHIPPING. COST WILL BE ADDED TO YOUR INVOICE.

7. PAYMENT OPTIONS

☐ Bill my Travers Account
Travers Account # ☐☐☐☐☐☐

☐ C.O.D. (only U.S.A.)

☐ Check or Money Order (in U.S. funds)

☐ Open a New Account*
D&B # _____

* Please provide bank information & three (3) trade references on company letterhead or use the credit application provided on this insert.

Minimum Order $25.00 (USA), $70.00 (CAN), $100.00 (INT) • F.O.B. NY, SC, or Factory

☐ Credit Card (fill in all information below)

Cardholder Name _____

Address _____

City _____ State _____

Zip+4 _____ Country _____

Phone _____ Fax _____

X _____
SIGNATURE (REQUIRED FOR CREDIT CARD ORDERS)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ AMEX ☐ VISA ☐ MASTERCARD ☐ DISCOVER EXPIRATION DATE ☐☐/☐☐