ORDER FORM

CUSTOMER# _____ **DATE:** ____ / ____ / ____

BILLING NAME: _____ SHIP TO: _____

ADDRESS: _____ _____

CITY/STATE/ZIP: _____ _____

CONTACT: _____ CONTACT: _____

PHONE: (_____) _____ PHONE: (_____) _____

FAX: (_____) _____ FAX: (_____) _____

P.O.#: _____ **SHIPPING INSTRUCTIONS:** _____

TERMS: ☐ **C.O.D.,** ☐ **CREDIT CARD,** ☐ **CHECK ENCLOSED,** ☐ **EISINGER ACCT.,** ☐ **AMEX,** ☐ **VISA,** ☐ **MASTERCARD.**

CREDIT CARD#: _____ EXP. _____ / _____

PRINT NAME AS IT APPEARS ON THE CARD: _____

CARDHOLDERS' SIGNATURE: _____

EISINGER ORDER#	DESCRIPTION:	QTY.	UNITS	UNIT PRICE