

ORDER FORM



Promotional Code: _____

Date _____ P.O. Number _____
 Customer Number _____
 Phone Number _____
 Fax Number _____
 Name of Person Placing Order _____

BILL TO:

Name of Business _____
 Street Address _____
 City _____
 State _____ Zip Code _____

SHIP TO: (if different than BILL TO information)

Name of Business _____
 Street Address _____
 City _____
 State _____ Zip Code _____

SHIPPING:

Normal Next Day Air (*extra charge*) Other _____

METHOD OF PAYMENT: (no COD orders)

Check (Make check payable to Mayflower Distributing)
 Mastercard® American Express®
 Visa® Discover® Exp. Date _____

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Security Code (located on back of card) _____

Signature as it Appears on Card _____

CREDIT CARD BILLING INFORMATION:

Name _____
 Street Address _____
 City _____
 State _____ Zip Code _____

ITEM #	PRODUCT DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

May we substitute a like product for any item that is out? YES NO Are you a new customer? YES NO

Discounts, if any, will be calculated and applied to your order. Shipping and handling charges, if applicable, will be added to you order. Your order generally will be shipped within 24 hours of receipt order (not including Saturday, Sunday or holidays). For ordering additional items, please make copies of this form. Prices subject to change.