Order Form Please Photocopy For Future Reference

1. CONTACT INFORMATION

Name _____

Title _____ Dept. _____

Phone _____ Fax _____

email _____

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

Company _____

Address _____

City _____ State _____

Zip+4 _____ Country _____

2. BILLING ADDRESS

Company _____

Address _____

City _____ State _____

Zip+4 _____ Country _____

Phone _____ Fax _____

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
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
– –						
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– –						
– –						
– –						
– –						

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 _____

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

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 ☐☐/☐☐