ORDER FORM

Claridge®
Products and Equipment, Inc.
P. O. Box 910
Harrison, Arkansas 72602-0910

Phone: (870) 743-2200
Fax: (870) 743-1908
E-Mail: claridge@claridgeproducts.com

SOLD TO:

Name _____
Address _____
City, State, Zip _____
Phone: _____
Fax: _____
E-Mail: _____
P. O. Number: _____ Cust. No.: _____
Ordered by: _____ Date: _____

SHIP TO: (if different)

_____
_____
_____
_____
_____
Marks / Attention: _____
Requested Ship Date: _____ Shipping Method: _____
Back Orders Accepted: Yes No

QUANTITY	ITEM NO.	DESCRIPTION (Be sure to include size, color, frame finish, etc. in description)	PRICE
		+Sales Tax (Unless Exempt)	
		+Freight Charge*	

*Freight charge (if applicable) will automatically be added to your order.

SPECIAL INSTRUCTIONS:

_____
_____

METHOD OF PAYMENT:

☐ Check ☐ MasterCard (16 numbers) ☐ Visa (13-16 numbers) ☐ Discover (16 numbers) ☐ American Express (15 numbers)

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Cardholder's Signature _____ Exp. Date _____