



THE CORVEST FAMILY

EZ Order Form
Complete and Fax to:
800.369.5597

Date: _____

Phone #: _____

Fax #: _____

E-Mail: _____

P.O. #: _____

Job: _____

SOLD TO

Customer: _____ Customer # (if known): _____

Check here if residential delivery (this includes home offices)

Street: _____

City: _____ State: _____ Zip: _____

Your name and phone #: _____

SHIP TO

(if different from above) Please list street address only—orders will only be sent to P.O. Box if shipped via priority mail.

Street: _____

City: _____ State: _____ Zip: _____

PREFERRED SHIPPING METHOD:

Ground

(We may substitute 3 Day at our discretion if cost is same or less)

3 Day

2 Day

Next Day Air

Priority

Standard

Priority Mail (No COD's)

ORDER

Quantity	Part Number	Description	Color	Unit Price \$	Total \$

PAYMENT

Open account (established accounts only)

Pre Pay - check enclosed (Please call for total including shipping charges.)

COD

Credit Card - AMEX, MasterCard or Visa

Please complete section below if paying by credit card

Exact name(s) on card: _____

Exact billing address for card (this is where you receive your credit card bill):

Street: _____

City: _____ State: _____ Zip: _____

Card #: _____ Expiration date: _____

Signature: _____