

HANDTRUCKDISTRIBUTOR.com

www.handtruckdistributor.com

DIV. OF ZAENTZ

Once this form is completed, please FAX it to our ORDER ENTRY DEPT. at 201-489-6650. A confirmation will be forwarded to you the same business day it is received. Thank you.

# SHORT ORDER FORM

When placing an order, you may use either this Form, or your own Purchase Order Form.

If using this form, **please include** a Fax Cover Sheet with it.

Date \_\_\_\_\_

PO # (If needed) \_\_\_\_\_

Contact Name \_\_\_\_\_

Please place a checkmark next to what best describes your Ship To address

Legitimate

Commercial Address \_\_\_\_\_ Residential Address \_\_\_\_\_

**Sold To:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Ship To:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

QTY	CAT # / MODEL #	DESCRIPTION	UNIT PRICE

Credit Card Type: M/C \_\_\_\_\_ VISA \_\_\_\_\_ DISC \_\_\_\_\_ AMEX \_\_\_\_\_

Shipping Cost \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3/4 Digit Ref. Code \_\_\_\_\_

If the **Billing Address** for your Credit Card, is not the same as your Sold To address or Ship To address, please provide that address below.

BILLING ADDRESS of CARD

City \_\_\_\_\_

State \_\_\_\_\_ Zip-Code \_\_\_\_\_

If you prefer that shipping costs be billed directly to your own **UPS Account**, or that your order be shipped **Freight Collect** via your own Carrier, please provide that information below:

**Your UPS ACCOUNT #**

If SHIPPING Freight Collect via LTL, your preferred Carrier: