



P.O. BOX 97  
 6849 W. Front Street  
 Arlington, IN 46104  
 Phone: (765) 663-2214  
 Fax: (765) 663-2101

## FAX ORDER SHEET

**Account Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

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

**Purchase Order #:** \_\_\_\_\_ **Ordered By:** \_\_\_\_\_

Product/Part #	Description	Quantity	Unit Price	Total Price
<b>Merchandise Total:</b>				
<b>Packaging &amp; Handling:</b>				

**Payment Method:** (check one) C.O.D.  VISA/MC  ON ACCOUNT

CREDIT CARD #: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Ship Via:** UPS/TRUCK/ETC. \_\_\_\_\_ **Requested Ship Date:** \_\_\_\_\_

**Note:** Prices and totals do not include shipping charges.  
 Prices may vary and are subject to sales tax, packaging & handling charges.  
**A \$6.00 packaging & handling charge will be added to all orders under \$30.00**

### OTC Office Use Only

Date entered: \_\_\_\_\_ Customer Service Representative: \_\_\_\_\_

Order #: \_\_\_\_\_ Estimated Shipping Date: \_\_\_\_\_

Confirmation Sent To: \_\_\_\_\_ Date/Time Faxed: \_\_\_\_\_

Comments: \_\_\_\_\_

Merchandise Total: \_\_\_\_\_ Handling Charges: \_\_\_\_\_ Total Order: \_\_\_\_\_ + shipping