



5000 Paschall Avenue • Philadelphia, PA 19143
610-622-7211 • FAX 610-284-4323

Order Name/No. _____

Date _____

2015

**Spare Parts
Order Blank**

FOR OFFICE USE ONLY

Sold To _____
 Address _____
 Address _____
 City, St, Zip _____
 Phone _____ Contact _____

Ship To _____
 Address _____
 Address _____
 City, St, Zip _____

Ship By (check one)		Payment by	
<input type="checkbox"/> Will Call	<input type="checkbox"/> UPS	<input type="checkbox"/> Truck	<input type="checkbox"/> Del'y.
		<input type="checkbox"/> COD	<input type="checkbox"/> Std.

Special Notes or Instructions - on other side or attach separately

Mfr Date _____

Ship Date _____

OC

FC

GC

Yds

Other

Sub-Total

Disc

Frt. Free

Frt

TOTAL

Describe parts required:

DO NOT WRITE IN THIS SPACE