

Storage Facility Delivery:

Inside Delivery:

ORDER FORM

www.clipracks.com

BUSINESS NAME:				_ PO #:				
BILLING ADD				Credit Card page Check, Money	haser: hod: er: d unless credit te yments require a order or funds tr	erms have be a separate au ransfer are al	thorization form.	
Item #	Qty.		Description		Color		Price	
* ID Plate	Table	TS Units			Same as RTS U	1.70	N/A	
ip to 15 chara Please enter the Color Options Orders for less	acters (incl he Name o s: s than \$120	uding spaces) is ir r Number you wa 00.00 can choose	nclude a 2-1/2" x 1-3/8" ncluded in the price. Int in the Description b from Red, Black or White erms and Conditions p	oox above. te. Larger orders can				
urrent Pricir	ng: <u>Please</u>	refer to our web s	site for current pricing a	and specifications.				
Preferred Shipping Method:			Pleas	e circle one:	Comme	rcial / Residential		
Co		Collect Third P	Party	Carrie Accou Billin	Collect or 3rd Party In Carrier: Account Number: Billing Name:		formation:	
Select Special needs: (May incur ad Lift Gate: Appointment: Blind Shipment:		(May incur addi	tional charges.)	Billing	g Address:			