

Order Form

Customer #		Dat	Date	
Company		Phone		
Contact Name		Email		
Bill to Address 1				
Address 2		_City	State	_ Zip
Ship to (if different) Address 1				
Address 2		City	State	Zip
PO number (optional)	Required Ship Date		Requested Ship Da	ate
Product Number	Description		Quantity	Price
SPECIAL INSTRUCTIONS				
			_	
			-	
SHIPPING INSTRUCTIONS			Sub Total	
			Total	
PAYMENT OPTIONS	Call for Credit Card or	Last 4 c	ligits of card on file	
Polar Tech. Polar Tech objects to	Conditions of Sale apply to all offers made and order o any terms or conditions that are different from or ad . Such Standard Terms and Conditions of Sale are avai o.com	lditional to those	Email No	ow >>