

800-545-5270

(262) 641-5180 * FAX (262) 641-5190

2738 S. 163rd Street * New Berlin, WI 53151

| Date | | | Phone | Order Placed By | | |
|---------------------|---------------------|-----------------|---------------------------|--------------------------------|------------|-------|
| | | | | | | |
| Customer Name: | | | | | | |
| Street Address: | | | | | | |
| City, State, Zip: | | | | | | |
| Order Taken By: | | | Ship Date / Pick-Up Date: | p Date: UPS / SPEE DEE / OTHER | | THER |
| Quantity Ordered | Quantity Shipped | Back Ordered | Part No. /Description | | Unit Price | Total |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

All Claims and Returned Goods MUST be accompanied by this bill Shank You