

ORDER FORM

ACUMIX, Inc.

PLEASE PRINT

How to order:

Call Toll Free **Fax Toll Free** **US Mail To:**
 800-683-2011 866-340-0828 ACUMIX, Inc.
 Monday - Friday 7 Days a week PO Box 6867
 9 AM - 5 PM 24 hours a day Harrisburg, PA 17112

Purchase Order No. _____

Name (Print): _____

Signature _____

Bill To:	Ship To: {Please use Street Address not PO Box}
_____ Company Name _____ Street Address _____ City _____ State _____ Zip _____ (_____) _____ Phone Number	_____ Company Name _____ Street Address _____ City _____ State _____ Zip _____ _____ Attention

Quantity	Model Number	Description	Unit Price	Extended Price
All orders are F.O.B. Shipping Point. Shipping charges will be added to the invoice.				
Industrial Portable Mixers does not collect Sales Tax. The end user is responsible for handling their own Sales Tax				\$0
Total				

If you wish to establish an open account, net 30 days, please complete the following:

Bank Reference:	Trade Ref. #2
Bank Name _____	Bank Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Fax: _____	Fax: _____
Trade Ref. #1	Trade Ref. #3
Bank Name _____	Bank Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Fax: _____	Fax: _____

Method of Payment:

<input type="checkbox"/> Open Account	<input type="checkbox"/> C.O.D	<input type="checkbox"/> Check w/Order	<input type="checkbox"/> Credit/Debit: <input type="radio"/> Visa, <input type="radio"/> MC, <input type="radio"/> AMEX
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Card #: _____ Signature: _____
 Exp. Date: _____ Printed Name (on Card): _____