

HD Work Gear Order Form [Fax 562 429-9597]

Ship To: (if different from billing address)

Company Name: _____

Attention To: _____

Address: _____

Company Name: _____

City: _____ State: _____ Zip: _____

Address: _____

Contact Person: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Indicate model number [including letter prefix], quantity, size and color

	Model	Qty	Size	Color	Description	Unit Price	Total Price
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Method of Payment:

On Account Purchase Order Company Check Credit Card

Date: _____ PO # _____

Card Holder Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Card Number: _____

Exp. Date (mo/yr): _____

CVV Code: _____

Signature: _____

Subtotal: _____

Sales Tax: _____

Shipping: _____

Total Amount: _____

Thank you For Shopping HD Work Gear!