

~ SMPW SALES ORDER FORM ~

Vendor: SUPERMARKET PARTS WAREHOUSE

Attn: _____

Address: 715 Glen Wild Road, Building 2
Woodridge, NY 12789

Contact

Person: _____

Phone: (800) 767-9855

Fax: (845) 436-7677

Ship to: _____

Company:

Street Address:

City/State/Zip:

Attention:

Contact #:

Shipping Method:

Item No.	Description	Qty.	Unit	Unit Price	Total
Special requirements / instructions:				TOTAL AMOUNT (Shipping/Handling Prepay & Add)	
				\$	

I authorize Supermarket Parts Warehouse to charge my credit card for the items I wish to purchase from them.

Charge To: (Visa, American Express, Mastercard, Discover)

Card # _____ **Exp. Date** ___/___

CVV: (3 or 4 digit code) _____ **Billing Zip Code:** _____

Bill My Account (Acct Name Or #) _____

Print Name _____ **Contact #** _____ **Date** _____

Purchase Order # _____

Authorized Signature: _____