## Preferred Stainless Inc. ORDER FORM

Company/Hospital   Street Address   St	BILL TO	): Attn:		SHIP TO: Attn:				
City								
State	Street Addre	ss		Street Address				
Contact Name Contact Email	City		State Zip	City				
Title	A/P Phone_			State Zip				
Title								
QUANTITY   STOCK #   DESCRIPTION   UNIT   TOTAL   PRICE   COST	Contact Name Contact Email							
QUANTITY   STOCK #   DESCRIPTION   UNIT   TOTAL								
CREDIT CARD: Wisa American Express MasterCard Discover  Card Number Card Number Card Discover  Card Number Card Number Service	Date Purchase Order No							
SHIPPING IS PRE-PAID AND ADDED TO THE INVOICE AS A SEPARATE ITEM.  CREDIT CARD:   Visa	QUANTITY STOCK# DESCRIPTION							
CREDIT CARD: Visa American Express  Card Number Card Number Customer Service Customer Service FAX NUMBER Service Service THANK YOU!	QUANTITI	310CK#				PRICE	COST	
CREDIT CARD: Visa American Express Discover  Card Number Card Number Card Discover  Expiration Date Service State Security Code THANK YOU!								
CREDIT CARD: Visa American Express Discover  Card Number Card Number Card Discover  Expiration Date Service FAX NUMBER S55-656-9458  TOTAL  CUSTOMER SERVICE 765-265-2495  FAX NUMBER 555-656-9458  THANK YOU!								
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Card Number				SEPARATE HEM.				
Expiration Date					TOTAL			
3 Digit Security Code THANK YOU!								
Name On CardE-Mail Orders To: orders@preferredstainless.com	-			E-Mail Orders To: orders@preferredstainless.com				

ALL ORDERS WILL BE CONFIRMED UPON RECEIPT.