



MAGTROL, INC.

716-668-5555 716-668-8705 (FAX)

SALES ORDER

CREDIT CARD ORDER FORM

DATE: _____

SHIP TO:

BILL TO:

PO #	Contact Name:
Ship Via:	Phone Number:

MASTERCARD / VISA / AMEX / DISCOVER (CIRCLE ONE)

Card #	Expiration Date:
Name on card:	CVV code (3 digit # on back)
Card Billing Address:	Zip
Company tax ID #	

Qty	Model / Description	Unit Price	Total

Msde. Total	
freight	
** tax	
TOTAL	

** CA, NY, IN, MD -- If non-taxable, we require a copy of your tax exempt certificate.

For office use only

Magtrol Invoice	_____	Approved:	_____
Orig. Zip Code:	_____	Avs:	_____
Dest State Code:	_____	CVV2:	_____
Dest Zip Code:	_____		