

SALTRONIX, INC.
Industrial Service Center

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Customer Order Form

Bill To:

Company: _____
Address: _____
City, State, Zip: _____
Ph: _____ Fax: _____
Alt. Ph: _____
Contact: _____
Email: _____
Order Placed By: _____
Order Date: _____

Ship To:

Check if Bill To and Ship To are the same

Company: _____
Address: _____
City, State, Zip: _____
Ph: _____

Qty	Item and Description	Price Ea.	Total

Shipping, insurance and tax are not included unless otherwise noted.

Select UPS Shipping Method:

Ground 3 Day Select 2 Day Next Day Other _____
 Customer's UPS Account # _____

Payment Method:

Visa MasterCard American Express Discover Prepaid PO# _____

Name on card: _____ Notes: _____
Card # _____
Exp: _____ CV: _____
Billing Address: _____
City, State, Zip: _____

Order Approved By:

Signature

Print Name

Estimates are good for only 30 days. Prices may vary slightly since this is an estimate. A 30% restocking fee will apply to eligible returns. Check with sales person prior to ordering. Returned items must be in the original unopened box and/or in New Condition. No refunds after 30days from sale.