

SALTRONIX, INC.

Industrial Service Center

1401 E. 2nd St.
Odessa, TX 79761-5454
www.saltronix.com

(432) 334-6002
si@saltronix.com

Customer Order Form

Date: / /

Bill To	Ship To <input type="checkbox"/> Billing Same as Shipping
Company: _____	Company: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Contact: _____	Contact: _____
Phone: _____	Automatically insured for value of unit and service.
Email: _____	Decline Insurance of Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No

Qty	Item and Description	Price Each	Discount

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

Items for Resale Tax Exempt Number: _____

Shipping UPS **In-House Pickup**

UPS Ground UPS 2 Day UPS Red

Payment Method:

<input type="checkbox"/> Prepaid	<input type="checkbox"/> Net Account	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash/Check
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Order Placed By: _____

Signature: _____

Order Received By: _____

All eligible returns are subject to a 30% restocking fee.
Customers must verify return eligibility with a salesperson prior to ordering.
Returned items must be in original, unopened packaging and in new condition.
Refunds will not be issued after 30 days from the date of sale.