



# HOLLINGER METAL EDGE

## ORDER FORM

### Ship To:

Institution/Company:		
Attention:		
Department:		
Street Address:		
City	State	Zip Code +4
Telephone		

### Bill To: (if different from Ship To:)

Institution/Company:		
Attention:		
Department:		
Street Address:		
City:	State:	Zip Code + 4
Telephone		

Quantity	Catalog #	Specify Board	Description	Unit Price	Total
<b>Total:</b>					

Shipping and handling charges are prepaid and added to invoice as well as state and local taxes where applicable. Please call us with any questions you may have, 1-800-862-2228 or 1-800-634-0491.

### Method of Payment:

Check/Money Order: Please make payable to Hollinger Metal Edge, Inc.  
 Amount Enclosed \$ \_\_\_\_\_

Bill Company: Purchase order # \_\_\_\_\_  
 Net 30 days. Subject to credit approval. Please include telephone number.

VISA    MasterCard    American Express   Exp. Date \_\_\_\_\_  
 Credit Card # \_\_\_\_\_

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*Special Instructions:*

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Name \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone# (    ) \_\_\_\_\_  
 Fax# (    ) \_\_\_\_\_ e-mail Address \_\_\_\_\_