

Phone: 973-674-0600 Fax: 973-674-0400

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Company Name				PO #		Market
Customer Name				Phone N	0.	Fax No.
Credit Card Number Exp: Date			Name on Card:			
				Ship Via:		
Email:				Order Date:		Ship Date:
CS Rep:						
Ship To:						
Bill To:						
Quantity	Item 1	No.	Size		Sm.o.	aial Instructions
				: Spe		cial Instructions
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Special Notes: Please authorize that this purchase order is correct by signing below. Any orders or line items cancelled after 24 hours,						
returns of special of	order items such as; and	odized fittings, po	wder coate	d pipe or fitti	ngs, pipe that has be	GA form. AFC may not accept een cut, etc.
*note: This order will not be processed until written authorization is received. Sign: Print:						
FOR HMC USE ONLY:						
C	1	1104	1	1102	110.4	1105
Cust Type	1	H01		H02	H04	H05