MES Order Form

Phone: 1-800-637-6650 Fax: 952-851-0984 Web: movingequipmentsales.com

SHIP TO:	BILL TO:
COMPANY NAME:	COMPANY NAME:
ADDRESS: PHONE: FAX:	ADDRESS: PHONE: FAX:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
SIGNATURE:	DATE:

PAYMENT INFORMATION

CHECK ENCLOSED ☐ CREDIT CARD ☐ CHARGE TO ACCOUNT ☐

(If credit is requested on first order, enclose MES Credit Application)

VISA/MASTERCARD ☐

Card #. _____

Card Expiration Date _____

Name on Card _____

Card Billing Address _____

_____

PURCHASE ORDER NUMBER:

_____

Name of Purchaser _____

CATALOG PRODUCT #	Quantity	DESCRIPTION	PRICE EA. or DOZEN	TOTAL

Total Order Amount:

Sales Tax:

Freight:

TOTAL: $ _____