For PPMOV use only
Init_____

Date_____

Time_____

Pad Print Machinery *of* Vermont

Customer Order Form

e-mail to customerservice@padprintmachinery.com OR Fax to (802) 362-0858

Company Name: _____

Billing Address: _____ **Contact:** _____

_____ **PO #:** _____

Phone: _____ **Fax:** _____

E-Mail **REQUIRED:** _____

☐ **Credit Card on File** ☐ **Call for credit card number**

Only include credit card # if you are faxing—do not e-mail your credit card #
CC #: _____ **Exp:** _____ **Val Code:** _____

Ship VIA: _____ **Shipping Address (if different):**

_____

_____

Please enter your shipper Account # if you would like to use it, otherwise freight will be added to your invoice:

_____

Ship to Attention: _____

Quantity	Item #	Description

Special Instructions:

_____

_____

_____