



MAGTROL, INC.
716-668-5555 716-668-8705 (FAX)

SALES ORDER # _____

CREDIT CARD ORDER FORM

DATE: _____

SHIP TO:

BILL TO:

PO #	Contact Name:
Ship Via:	Phone Number:

MASTERCARD / VISA / AMEX / DISCOVER (CIRCLE ONE)

Card # _____	Expiration Date: _____
Name on card: _____	CVV code (3 digit # on back) _____
Card Billing Address: _____	Zip _____

Qty	Model / Description	Unit Price	Total

Msde. Total	
freight	
** tax	
TOTAL	

** CA, NY, IN, WA -- If non-taxable, we require a copy of your tax exempt certificate.

For office use only

Magtrol Invoice _____	Approved: _____
Orig. Zip Code: _____	Avs: _____
Dest State Code: _____	CVV2: _____
Dest Zip Code: _____	