

COMPANY NAME \_\_\_\_\_

# 509 DEALER PURCHASE

PHONE # \_\_\_\_\_

# ORDER FORM

FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

## PLEASE FAX ORDER TO 509-448-0903

**BILL TO:**

**SHIP TO (IF DIFFERENT):**

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P.O. DATE	CONTACT NAME	SHIPPED VIA	PAYMENT (Circle)
			CREDIT CARD   CHECK   NET30 (\$500 min required)

USE ATTACHED SHEET IF NEEDED

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

### CREDIT CARD INFO (if selected)

**TYPE:** VISA | MASTERCARD | AMEX

**CARD#** \_\_\_\_\_

**EXPIRATION:** MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**3 DIGIT SECURITY CODE:** \_\_\_\_\_

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
OTHER	
TOTAL	

### INFO

- 1) Complete order form and fax to 509-448-0903
- 2) We will return fax form with completed tax (if applicable) and shipping quotes.
- 3) If credit card, fill in card info above. If check, make check out to "509, INC" and mail to: 509, INC | 3403 E. 58<sup>th</sup> Court, Spokane, WA 99223. If NET30 (\$500 min order required along with approved credit app), invoice will be mailed.

Authorized by \_\_\_\_\_

Date \_\_\_\_\_

