roofcarts.com

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Div. of ZAENTZ Industromart

Once the Order Form is completed, you may FAX it to our ORDER ENTRY DEPT. at 1-201-489-6650

or E-Mail it to: sales@industromart.com

Date	PO # if neededConta		ntact Name	act Name	
Sold To_					
City		State	Zip-Code	e	
Phone	Fax	E-Ma	nil		
			(Confirmation w	ill be sent to this E-Mail Address)	
Address_		Ctata	7in Codo		
City	0 1 -	State	Zip-Code	Zip-Code	
Phone	Contact Name		IAG # if nee	I AG # if needed	
Please place	e a checkmark 🗸 next to v	what best describes your Ship	To Address:		
		Residential Address Sch		Military Facility	
QTY	CAT# / MODEL #	DESCRIPTION	RIPTION UNIT PR		
			bod wheel and the second secon	-	

Credit Card Type: M/C VISA DISC AMEX		Shipping C	Shipping Cost:		
	J			Using our LTL Carrier	
Cardholder's	s Name:	- If No Shinning Co	ost is included on the Order Form		
Credit Card #:				we will forward you a Shipping Cost	
			for your approva	for your approval, before the Order is processed.	
Exp. Date: Credit Card Code #					
	3 digits M/C ,VISA & Disc., 4 digits AMEX			If you prefer that the Order ship	
			•	Freight Collect via your own Carrier,	
	ng Address for your Cr		please provide us with your		
as your Sold To Address, please provide that Address below:			Carrier's Nam	e & Account # below:	
			-		
City					
State	Zip-Cod	de	- Account #		
			ACCOUNT #		