

Order Form



Date:

Ordered By

Company:

Address:

State/Province:

Zip/Postal Code:

City:

Phone:

Contact Name:

DEVCO CORPORATION
 300 LANIDEX PLAZA
 PARSIPPANY, NJ
 USA
 07054
 Phone: 973-781-0200
 Fax: 973-781-0234
 devcocorp.com

Deliver To Same as Above

Company:

Address:

State/Province:

Zip/Postal Code:

City:

Phone:

Contact Name:

| Item | Description | Quantity | Unit Price | Amount |
|------|-------------|----------|------------|--------|
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|--------------------|--|
| Sub-total | |
| | |
| Grand Total | |

Payment

- COD (USA Only)
- Credit Card
 - American Express
 - Mastercard
 - Visa

Card Number:

Expiration Date:

Cardholder Name:

Security Code:

Internal Use Only

| | |
|------------------|--|
| Order Completed: | |
| Ship Date: | |