AMERICAN SEAL SUPPLY CO. Order Form

Date: _____ PO Number _____ Buyer: _____

Sold To: _____

Co.: _____

Address: _____

City, St, Zip: _____

Ship To: _____

Co.:_____

Address: _____

City, St, Zip: _____

Payment: (circle) VISA MC AMEX DIS Check

Card # _____ Exp_____ CCV _____

Name on card: _____

Card Billing Address: _____

City, St, Zip: _____

If paying by check fax a copy of the check with the order.

Shipping: UPS Fed-Ex USPS

Next Day Express Saver 2nd Day 3 Day

Shipper Account # _____

Item	Description	Part Number	Quantity	Price

Back order out of stock items: Yes No Substitutions: Okay No

Authorized Signature _____ Phone: (_____) _____

FAX TO: (425) 463-4213 or Mail to: American Seal Supply Co., 725 110th PL SE, Everett, WA 98208

This form is available @ www.amseal.com