



ACTUATOR
ORDER
FORM

Date: _____

BILL TO: _____ _____ _____	Phone: _____ Fax: _____
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SHIP TO: _____ _____ _____
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YOUR ORDER/ REFERENCE:	_____
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Item No.	Part Number	Description	Qty	Unit Price \$	Total US\$
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
Total				\$	_____

Remarks: Credit terms are Credit Card or Advance Payment for all replacement parts
 Visa MasterCard Amex Discover
 Acct: _____ Exp: _____
 Cardholder: _____ Sec Code: _____

Shipping via: UPS Ground – actual shipping charges are determined by UPS on date of shipment. If the Ship To location is a residential address please check this box:

Thank you for your order.
Multi Products Company, Inc.