

Phone 435.563.0261 • Fax 435.563.3807 www.tricm.com • info@tricm.com

## **Order Form**

Billing Information								
Date					Purchase Order Number			
Company Name					Contact Person			
Address								
City				State		Zip		
Phone			Fax	E-mail				
Shipping Information (If different than billing information)								
Company Name					Contact Person			
Address								
City					State			Zip
Payment Information								
Payment Method (p	lease circle)	Check	Money Order Credit Card			Other_		
Type of Card (please circle) Master Card Visa American Express							AMEX	VISA' Mastercard
Credit Card Number					Expiration Date			
Name on Card Credit Card Billing				ddress		1		
City			State					Zip
Products								
Part Number	t Number Quantity Descri			ription	on		Price	Extended Price
							Subtotal	
Sales tax will not be charged if you have filled ———> out an Exemption Certificate (form TC-721).						→[	Tax (UT 6.35%)	
							Freight	
							Total \$	