ATLANTIC SCREEN & MANUFACTURING, INC.

Order Date: _____

Customer #: _____ **Purchase Order #** _____

BILL TO:

Contact: _____

_____

_____

_____

SHIP TO:

Contact: _____

_____

_____

_____

Date Needed: _____ **Delivery Site Phone #:** _____

Shipping Preference:

UPS: ☐ Next Day ☐ 2nd Day ☐ 3rd Day ☐ Ground **FEDEX:** ☐ Priority ☐ Standard ☐ Truck

FEDEX #, If Applicable _____

Quantity	Cat. No.	Item Description	Unit Price	Total Price

TOTAL*	

METHOD OF PAYMENT:

☐ Bill our account (net 30 days) ☐ C.O.D.

☐ Visa / Mastercard _____

Cardholder _____

Exp Date _____ Signature: _____

☐ Wire Transfer _____

* Total DOES NOT include shipping

ASI

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2018

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