

ATLANTIC SCREEN & MANUFACTURING, INC.

Order Date: _____

Customer #: _____

BILL TO:

Contact: _____

Date Needed: _____

Shipping Preference:

UPS: Next Day 2nd Day 3rd Day Ground

UPS #, if Applicable _____

Purchase Order # _____

SHIP TO:

Contact: _____

Delivery Site Phone #: _____

LTL Carriers Preference ? _____

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 / AMX _____

Cardholder _____

Exp Date _____ VIN# _____

Signature: _____

Wire Transfer _____

Wire transfer fees will apply be paid by buyer.

* Total DOES NOT include shipping



ATLANTIC SCREEN, INC
 142 BROADKILL ROAD
 MILTON, DE 19968
 2019