

Please fill out then print this page and fax it to: 573-392-1757

ORDER FORM

TO:

DISPENZA-MATIC LABEL DISPENSERS
A DIVISION OF COMMERCIAL MAILING ACCESSORIES, INC.

ATTN: Richard Shannon
28220 Playmor Beach Rd
Rocky Mount, MO 65072
Fax: 573-392-1757
E-mail: info@dispensamatic.com
DATE _____

PLEASE ENTER OUR ORDER FOR

Quantity	Item	Price	Amount
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.	.	.	.
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(_)Please ship open account. Credit references as follows -

TRADE

1. _____ PHONE_()_____
2. _____ PHONE_()_____

Bank _____ Acct. No. _____

Bank Representative _____ PHONE_()_____

our check in the amount of _____ is enclosed.

ship    U.P.S. COD.

Card Number: _____ Expiration Date: _____

Name: _____ Signature: _____

Ship To:	Bill To: (If different than Ship To Address)
.	.

Order Placed By: _____

Phone_(____)_____

TERMS

Prices FOB Rocky Mount, MO. Orders shipped on 30 day net open account, if satisfactory credit references are supplied. Our terms are net 30 days, others include check with order, or prepay with Visa, Master Card, or American Express, or request shipment via UPS-COD.

This order placed with the understanding that return for full credit can be made within 21 days after delivery to premises.