

# R-EQUAL, LLC

*"Service That Excels"®*

## ORDER FORM

1591 Bartlett Road  
 Memphis, TN 38134  
 Phone 901-379-0267 Fax 901-379-0269

The following number must appear on all related correspondence, shipping papers, and invoices:

**P.O. NUMBER:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Email address if available*

\_\_\_\_\_

Ordered By	PHONE #	FAX #	Ship Via	Order Date

***ORDER FORM: Please type or write clearly! Use exact Part # and Item Description.***

ORDER QTY.	PART NUMBER	ITEM DESCRIPTION	UNIT PRICE	TOTAL
<b>PAYMENT OPTIONS:</b>		Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Am EX <input type="checkbox"/> Card Number: Card Name: <i>Exactly as it appears on card</i> Zip code for address card is billed to _____ CVS Code	SUBTOTAL SHIPPING COST TAX (TN ORDERS ONLY) GRAND TOTAL	
Our Terms are 2% 10 net 30 days from invoice date with open account.				
Check: <input type="checkbox"/>				
C.O.D.: <input type="checkbox"/>				

**PLEASE NOTE: All orders placed before 12:00 p.m. central standard time will be shipped same day!**

*Please include resale certificate with order.*

Authorized by \_\_\_\_\_

Date \_\_\_\_\_