

ORDER FORM

Date _____ Purchase Order # _____

Order placed by _____

Phone # _____

Email _____



P.O. Box 92
Carmel, IN 46082

Phone: 260-359-2072

Email: sales@quickblades.net

Bill To:
Company Name: _____
Attention: _____
Phone: _____
Email: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____

Ship To / By Way Of:
Company Name: _____
Attention: _____
Phone: _____
Email: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____

QUANTITY	TYPE	DESCRIPTION (SEE A-F BELOW)

Payment Method

- Mastercard
- Visa
- American Express

Card# _____

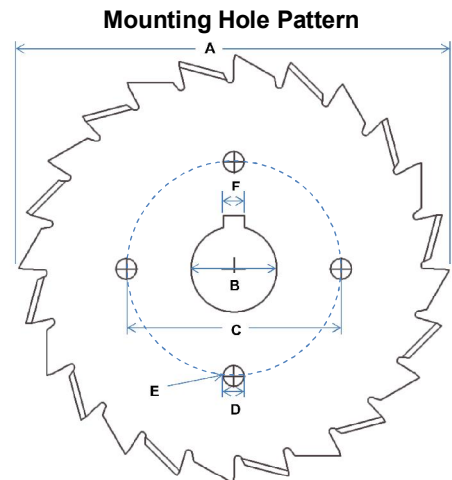
Expiration Date _____ Security Code _____

Name on card _____

Signature _____

- Open Account *

*(If you do not already have an open account with us and would like to establish one, please call Quickblades at 260-359-2072 .)



- A . Blade Diameter
- B . Center Hole Diameter
- C . Pin/Bolt Circle Diameter
- D . Pin/Bolt Hole Diameter
- E . Number of Pin/Bolt Holes
- F . Keyway Size & Position