

Brame ORDER FORM

Ship To

Customer Number _____
If Available - Can Be Found On Brame Invoices

Name _____

Title _____ Dept. _____

Organization _____

Street _____
We cannot ship to a P.O. Box.

City _____ State _____ ZIP _____

Phone (____) _____ FAX (____) _____

Email _____ Check if you prefer not to receive e-mails on Brame specials and promotions.

Bill To (Fill in only if different than "Ship To")

Ordered By _____

Organization _____

Street _____

City _____ State _____ ZIP _____

Phone (____) _____ FAX (____) _____

Email _____ Check if you prefer not to receive e-mails on Brame specials and promotions.

Tax Exempt Number _____
Please enclose a copy of your certificate.

Contact Number (If Applicable) _____

Method of Payment

PURCHASE ORDER VISA Mastercard American Express

P.O.# _____ Date _____
 Authorizing Signature _____

BILL EXISTING ACCOUNT Card/Account Number _____ Expiration Date _____

CREDIT CARD (Fill out information to the right) Name Printed on Card _____

PROCUREMENT CARD (Fill out information to the right) Card Billing Zip Code _____

Authorizing Signature _____

Product Number	Description	Qty	Unit: Ea. Pkg. Box	Size, Style or Color	Unit Price	Total Sale

To best serve your delivery check any applicable boxes

Back Order Option

Back order any product out of stock

Do not back order

For Items Shipping by Truck (Check for Required Services)

Inside Delivery

Limited Hour for delivery _____ to _____

Call before delivery. Number _____

See the back of this page
for tax and shipping
terms.

Subtotal	
Sales Tax	
Shipping	
Total	

**100% Satisfaction
Guaranteed!**

Thank You!

