

Order Form

Place your order 24 hours a day! **Fax 1-800-687-9230**



PO Box 70
Swannanoa, NC 28778
Ph 1-800-255-9189
Fx 1-800-687-9230
cef@cefinc.com

BILL TO

Purchase Order #: _____ Date _____

VISA M/C AMEX (circle one) Order placed by _____

Card No. _____ Email _____

Exp ____/____ Security Code _____ Phone (____) _____

Cardholder's Name _____ Fax (____) _____

Address _____

* Terms are net 30 days with PO

City _____ State _____ Zip _____

* Orders are non-cancellable after start of production

Check (if faxing or emailing your order, & paying by check, please send in payment asap as we will NOT ship until we receive payment)

SHIP TO

Organization _____ Contact Name* _____

Shipping Address _____ Phone (____) _____

City _____ State _____ Postal Code _____

* note: we have to have a 'delivery' contact name and phone for the Driver to check on delivery hours, etc.

Line #	Qty	Model #	Description	Price (ea)	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Don't forget to indicate the finish for each item!

If you would for us to deliver to multiple locations, please attach a separate sheet with the complete address, contact name and phone# for each location, along with the items and qty. for each location!

Product Total	
Delivery (check with CEF)	
Local Sales Tax (where applicable)	
Grand Total	