

UV Process Supply Product Order Form

Please print, fill out, and fax to 1-800-99FAXUV (800-993-2988) or (773) 880-6647.
(Note: \$10 minimum on credit card orders, other orders \$25 minimum)

Company: _____
Your Name: _____
Phone: _____ Fax: _____
Email: _____

Account Information

Do you have an account with us? yes no

If **yes**: Account number: _____

PO number: _____

If **no**, please choose one:

- Please send COD. (*Not allowed for residential addresses*)
- Please charge to my credit card. You should have my information on file.
- Please charge to my credit card.

Billing Information

Bill To: _____
Billing Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Billing Phone: _____

Is your ship-to location a business or residential address?

- Business Address
- Residential Address (*No COD orders allowed*)

Shipping Information (if different than billing address)

Same as Billing Address

Company: _____
Shipping
Contact: _____
Shipping
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Shipping Phone: _____

