SUPER ANCHOR® Order Form

For your ordering convenience, photocopy this page and fax us your completed form to **360-668-1717**.
We will confirm receipt of your order via phone or fax.

❑ Same as Sold to address

Sold to:

Company Name _____
Address _____
City _____
State_____ Zip _____

Ship to: Attention: _____

Company Name _____
Address _____
City _____
State_____ Zip _____

Purchase Order # _____
Phone_____
E-mail _____

Ordered By:_____
Fax _____
Order Date_____

Ship Via (circle one):

UPS Ground **UPS Next Day Air** **UPS 2nd Day Air** **UPS 3rd Day Air** **Hand Deliver** **Will Call** **Truck Freight**

Shipping& Handling: *UPS Ground is Free! Call for shipping quote if you need it faster!*

Bill Via (circle one):

Company Account **Credit Card** **C.O.D.** **Company Check** **E.F.T.**

QUANTITY	ITEM #	PRODUCT DESCRIPTION	PRICE	TOTAL
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____
_____	_____	_____	$ _____	$ _____

Total $ _____

Credit Card Orders:

Type of Card _____
Card Number_____
Exp. Date _____
V or C.I.D. Code _____

Credit Card Billing Address

Name _____
Address _____
City _____
State_____ Zip _____

Authorized Signature _____

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