

ORDER FORM

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Date: _____
 Time: _____
 Operator: _____
 Media Code: _____

<input type="checkbox"/>	ORDER
<input type="checkbox"/>	CALL BACK WITH INFO
<input type="checkbox"/>	FAX INFO
<input type="checkbox"/>	MAIL INFO

CUSTOMER INFO SHIPPING ADDRESS

NAME: _____
CO. _____
Addr: _____
Addr: _____
City: _____ ST. _____ ZIP _____
Ph: _____ Fax _____

BILLING ADDRESS ONLY IF DIFFERENT

PAYMENT INFO

CREDIT CARD#: _____
EXPR. DATE(mm/yy) _____
NAME ON CARD _____

PAYMENT METHOD—CHECK ONE

<input type="checkbox"/>	VISA
<input type="checkbox"/>	MASTERCARD
<input type="checkbox"/>	AMERICAN EXPRESS
<input type="checkbox"/>	DISCOVER
<input type="checkbox"/>	CHECK

Quantity	Part #	Description	Unit	Price	Amount
				Subtotal	
				Tax	
				Shipping	
				Invoice Total	