

# ORDER FORM

**A.P.C.M. LLC**  
**P.O. Box 264**  
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**Plainfield, CT 06374**

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 dyoung@prepregs.com

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Operator: \_\_\_\_\_  
 Media Code: \_\_\_\_\_


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

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