

Order from Quotation Form

E-mail: orders@hollaender.com

P: (800) 772-8800 F: (800) 772-8806

* Denotes Required I	riela							
Company Name*								
Customer Name*					Phone*:			
Customer Email*					Fax*:			
Acct. Payable Contact Name*					Phone*:			
Acct. Payable Email*	_				Fax*:			
Ship to Company:								
Ship to Address:								
	City			State	State		Zip	
Bill to Address:							Suite	
	City			State				
PO # (if applicable) Order Date:			Order Date:	Ship Via Account # (Collect Only):				
<u>Credit Card Number:</u>				Name on Card	<u>:</u>			
Exp. Date	CREDIT CARD ORDERS EXCEEDING \$3,000.00 ARE					CHARG	ED 3%.	
Please order the fo	llowing:	'						
Quote #:			Total \$ (US Dollars)		Date of C	Date of Quote:		
Special Instructions	(if applica	ble) :	1					
Special Notes: Please authori subject to a 25% restocking for powdercoated pipe or fittings	ee. HMC will not							
NOTE: This order will not I		until writte	en authorization is red	ceived.				
Signature:			Print:					