



The Cloverdale Company
Order Form

Date: _____

P.O. #: _____

Contact Name: _____
Company Name: _____
Type of Business: _____
Street Address: _____
City, State, Zip: _____
Email Address: _____
Telephone #: _____ Fax: _____

Credit Card Information

Type of Card: Visa [] Discover []
Mastercard [] Amex []

Card Number: _____

Exp. Date: _____ CID# _____

Name on Card: _____

Is street address on card same as above, if not: _____

Table with 6 columns: Type of Product/Description, Width/Size, Length of Roll, Quantity, Unit Cost, Total Cost. Includes a sub-header 'To be filled in by Office' for the last two columns.

Subtotal _____
Freight _____
Total _____

Shipping Method: (United Parcel Service)

- Next Day Air []
2nd Day Air []
3 Day Select []
Ground []

F.O.B. Roanoke, VA 24019 (Freight Added to All Orders)

Shipping Information if different from above:

Please check over carefully and fax to us at: 540-992-3007
Pricing will be added and confirmation faxed back.