ORDER FORM

OFFICE USE ONLY_____

DATE _____

CUSTOMER #/ID _____

BILL TO_____

ADDRESS_____

CITY_____

STATE/ZIP_____

PHONE_____

PERSON ORDERING _____

SHIP TO_____

ATTENTION _____

PO # / DEPT_____

ADDRESS_____

CITY_____

STATE/ZIP_____

PURCHASE ORDER NUMBER	SHIP VIA	SPECIAL INSTRUCTIONS	DATE REQUIRED

ITEM #	QUANTITY	DESCRIPTION	PRICE	PER	AMOUNT
		TAX			
		TOTAL			

NOTES

**** CREDIT CARD INFO:***

ACCT # _____

EXPIRATION DATE_____

BILL TO STREET #_____

BILL TO ZIP CODE_____

ZETA PRODUCTS, INC.
1060 GARDEN STATE ROAD
UNION, NEW JERSEY 07083
908-688-0440 / FAX. 908-688-9335