ORDER FORM

OFFICE USE ONLY_____

DATE _____

CUSTOMER #/ID _____

BILL TO_____ SHIP TO_____

ADDRESS_____ ATTENTION _____

CITY_____ PO # / DEPT_____

STATE/ZIP_____ ADDRESS_____

PHONE_____ CITY_____

PERSON ORDERING _____ 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